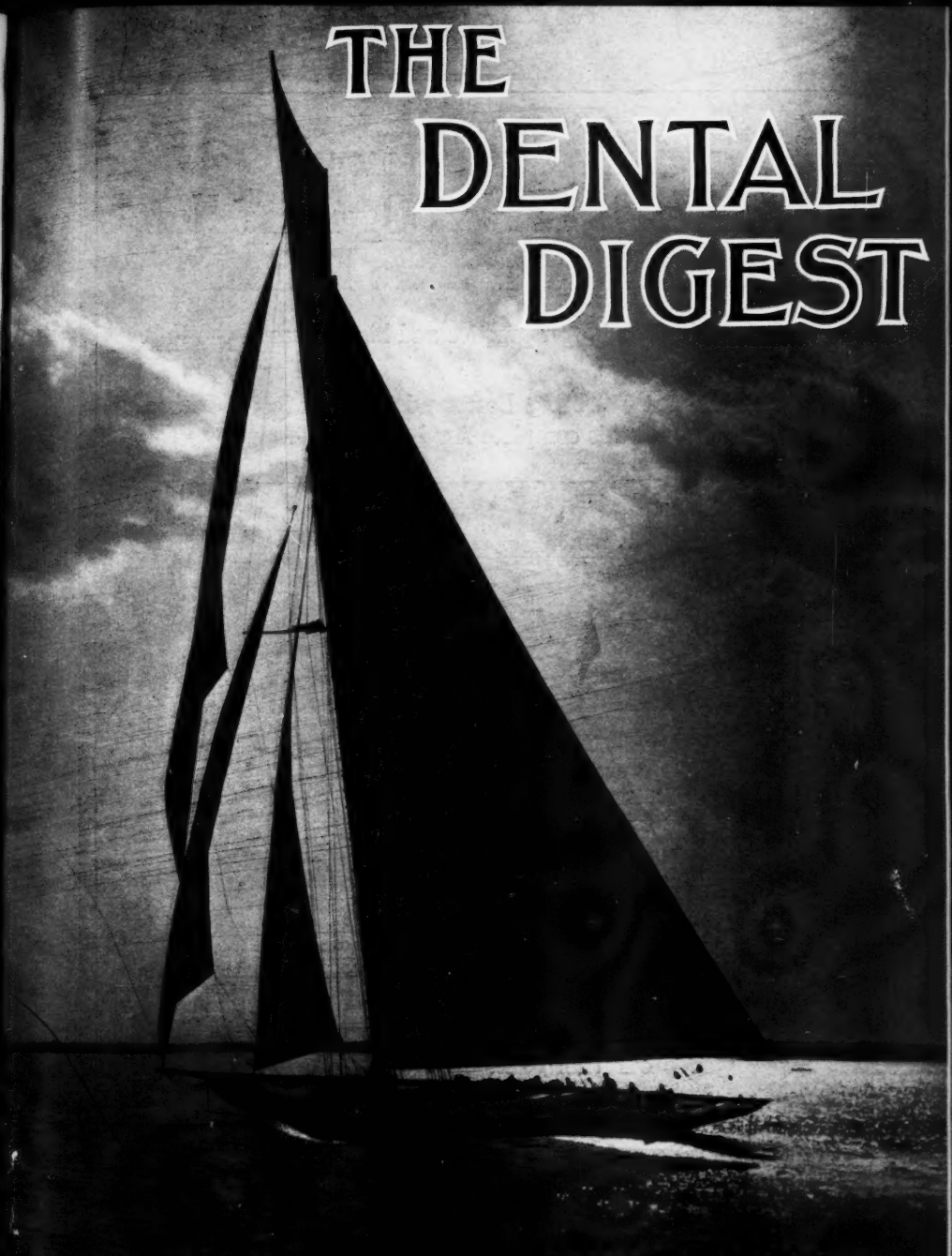
THE DENTAL DIGEST



WORKING OUT AN AMERICAN CUP DEFENDER

AUGUST 1914
VOL. XX NO. 8
EDITED BY
GEORGE WOOD CLAPP, D.D.S.
PUBLISHED BY
THE DENTISTS' SUPPLY CO.
CANDLER BLDG. TIMES SQUARE
220 WEST 42ND ST. NEW YORK

Enroll for Our Summer School
Learn to Do Painless Operating Now
Capitalize Your Spare Moments

¶ Get ready for a bigger practice and bigger fees in the Fall.

¶ Send only $3.05.

¶ This amount will bring Lessons 1 and 2 of our Course, together with this complete Analgesic Outfit.

The DeFord Inhaler

¶ Just the right opportunity at the right time.

¶ See our trial offer.

Enclosed find check for $3.05, to cover lessons 1 and 2 of your Course, and one box 1 dozen 5 c.c. Capsules. Send in addition your complete Analgesic Inhaler on 30 days' trial.

Name ----------

Address ----------

Dealer's Name ----------

STRATFORD-COOKSON COMPANY

Successor to

E. de TREY & SONS

28 South 40th Street

PHILADELPHIA, PA.

THE DENTAL DIGEST

GEORGE WOOD CLAPP, D.D.S., Editor

Published monthly by The Dentists' Supply Company, Candler Bldg., Times Square, 220 West 42d Street, New York, U. S. A., to whom all communications relative to subscriptions, advertising, etc., should be addressed.

Subscription price, including postage, $1.00 per year to all parts of the United States, Philippines, Guam, Cuba, Porto Rico, Mexico and Hawaiian Islands. To Canada, $1.40. To all other countries, $1.75.

Articles intended for publication and correspondence regarding the same should be addressed EDITOR DENTAL DIGEST, Candler Bldg., Times Square, 220 West 42d Street, New York, N. Y.

The editor and publishers are not responsible for the views of authors expressed in these pages.

Entered as second-class matter at New York, January 29, 1909, under the Act of March 3, 1879.

Vol. XX **AUGUST, 1914** **No. 8**

LOCAL OR INHIBITIVE ANESTHESIA

BY PERCY NORMAN WILLIAMS, D.D.S., NEW YORK.

About sixty years ago the medical and dental profession were suddenly surprised and amazed by an announcement that one Horace Wells had discovered a gas which when taken into the lungs would render a person unconscious to pain during surgical operations. Its practical value, however, soon proved to be disappointing, as the duration of the anesthesia was too brief to permit of the ordinary operation. It did, nevertheless, stimulate other men to greater activity in this field of research and a few years later Morton announced to a few skeptical friends that he had developed a drug which would meet the demands of the surgeon as an ideal anesthetic. He called it Sulphuric Ether. This briefly was the beginning of a marvelous process of evolution in this valuable and beneficent field.

To-day we have not less than fourteen separate drugs which may be used in a perfectly practical way for rendering a person insensible to pain during major operations. It does therefore come as quite a surprise to us, who are especially interested in this line of work, to learn that at a recent dental convention Dr. Wm. Fitzgerald, of Hart-

ford, gave a clinic and demonstrated an original method of producing local anesthesia without resorting to the use of drugs. With a keen desire to know the "how" and the "why," I at once arranged for an interview and was very cordially received. I was shown into a reception room full of patients suffering with all kinds of disease, from simple headache to goitre.

The doctor informed me that he had two or three cases which he had been treating for about a year and invited me into his operating room for a demonstration. He called his method "Local or Inhibitive Anesthesia," and said that about five years ago while operating on the throat he accidentally discovered that one side of the neck had been anesthetized. He made further observations and soon found that he could produce numbness of certain parts by pressure on some nearby or remote area. He continued to experiment and investigate and soon developed a method for applying it in a practical way for relieving pain and treating disease. I discussed with him the reports I had received of his work and told him that I was extremely anxious to get from his own lips an explanation of his method. He seemed reluctant to answer, but finally intimated that he thought it was brought about by inhibition and possibly changes in the lymphatic system. He frankly said that as yet he had no comprehensive explanation to offer as it was still in the developmental stage and an expression of opinion to-day might give way to further development to-morrow.

He is successful to a limited extent on all persons, but complete anesthesia is produced on only a few well-selected cases. Repeated applications develop a susceptibility to method and the treatments become more effective. Areas which become anesthetized are not always well defined and vary with different individuals. He treats all kinds of diseases which can be reached through the nervous and lymphatic systems by producing anesthesia of the affected parts, thus relieving the pain, which is followed by relaxation which he says brings about a cure. He does not hesitate to prove his claims by satisfactory and convincing demonstrations. His willingness to give to others the benefit of his experience and his broad-minded attitude toward his work has won him commendation and gratitude from his many friends in the dental profession who are interested in this line of work.

METHOD.

Anesthesia is produced by pressure with the finger and thumb, a blunt instrument or rubber bands on joints, bony protuberances, surface of mucous membranes and nerves. Anesthesia can be obtained at a given point by pressure on one or more areas in some other part of

the body. Pressure is maintained for about two minutes. Some patients stated that they could feel sensations along nerve tracts to nerve terminals. Numbness is often preceded by a tingling sensation such as one experiences when the arm is asleep; this is followed in some cases by complete anesthesia, in others by only partial anesthesia.

AREAS.

Pressure upon the thumb of the left hand produces anesthesia of the lower left, central, lateral and cuspid.

Pressure on the index finger of the left hand produces anesthesia of left lower bicuspids; pressure on second finger, anesthesia of the left lower first molar, and wisdom teeth are affected through pressure on the third finger. The entire left side of one patient was anesthetized by pressure on the inferior dental nerve at the angle of the jaw. Pressure on the floor of the mouth and lips produced anesthesia of the anterior muscles of the neck. Pressure on the upper lips produced anesthesia of the roof of the mouth. Pressure on the big toe anesthetized the upper centrals and cuspids; pressure on the mastoid process relieved a patient of earache.

Case 1. Woman 45 years; low-class English, large swelling in neck from infected tonsil. Treated by pressure on finger wearing rubber bands. Apparent anesthesia of whole side. Inserted needle deeply into thumb, no pain. From photos made years ago, swelling is somewhat reduced and much softened. Patient could trace sensation from pressure along arm end to well-defined areas in the mouth and around scalp.

Case 2. Woman 40 years; low order of intelligence; apparent calcification of muscles of cheek. Treatment by pressure on index finger secured relaxation. After one year's treatment still badly swollen eruptions at corner of mouth. Dr. Fitzgerald ignorant of nature of cause. Treatment four times weekly.

THE CAUSE.

When I came to the point of investigating the cause of Dr. Fitzgerald's remarkable results, I was compelled to look for some other reason than merely pressing one's finger. This in itself would hardly be a satisfactory explanation. However, pressure upon nerves for treating disease and relieving pain has been known and practised by the osteopaths for many years.

In a recent article in the New York *Evening Telegram,* Dr. Hans Nielson, a well-known authority on osteopathy, says:

"Headache in the forehead may often be completely relieved by gen-

tle, steady pressure maintained for some time on the inner upper edge of the bone under the eyebrow.

"Toothache may be relieved by grasping the jaw firmly between the thumb and forefinger as far as possible beyond the root of the tooth which is aching. This hold should be taken lightly at first and gradually increased until the pressure is quite firm and then mantained for three minutes; not what seems three minutes, but three minutes by the clock, which is quite a different matter. You may even take this method to the dentist's office with you and apply it with a greater degree of force and for a longer time before you get into his chair, and if you have done it well you may discover to your astonishment that he will not hurt you when he pulls your tooth."

While it might appear that Dr. Fitzgerald's methods lie within the field of the osteopaths, osteopathy falls far short of offering a satisfactory explanation and we must further investigate. Moll and Braid, well-known writers on hypnotism, discuss at length how to produce anesthesia by means of hypnotic suggestion and outline well-defined areas over the body which can be anesthetized by this method. The late Dr. Thomas Fillibrown of the Harvard Dental School used hypnotic suggestion constantly in his private practice, and he reports one case of an hysterical woman who came from Florida once a year to be treated by him using this method.

I, too, have often put a subject into a mild hypnotic sleep, and not only anesthetized certain areas but have controlled the vaso-motor system to quite a considerable degree.

From a careful study of this man's personality, his patients, and environment, I believe hypnotic suggestion plays an important part. He is naturally a gifted hypnotist. He has many personal attributes which together with his vocation particularly fit him for this kind of work. His surroundings are favorable to hypnotic suggestion. He works in a darkened room, using a headlight much of the time. He speaks firmly but sympathetically. Persons seeking medical aid are favorable subjects for hypnotism. Many persons are treated weekly, becoming more susceptible with each successive treatment. The Universal law of suggestion is the fundamental principle upon which rests Christian Science, Faith Healing and Mind Cure, etc., and its potency is well known in the medical profession.

Diseased teeth and unclean mouths are the most frequent causes of indigestion. Chew your food well. *The stomach has no teeth.—Oral Hygiene.*

CARE OF NERVE BROACHES

By Joel M. Zametkin, D.D.S., Brooklyn, N. Y.

Some one said, "Why broaches are so cheap, that it's wasting valuable time to clean them after using but once. Use a fresh one each time and feel reasonably sure that all's well." In the light of this I purchased the cheapest broach, used a broach but once and then cast it aside.

It's a well-known business principle that you get what you pay for. The cheap broaches were a miserable failure in all respects. I now use the most expensive, but take care of them in the following simple and efficient way, with the result that the costliest are now by far the cheapest.

Upon immediate use, or shortly thereafter, soak the barbs in water; the sooner the better. This will soften the clinging matter and makes its removal very simple. Grasp the broach-holder in the left hand between the thumb and middle finger, so adjusting the nerve broach that the barbs rest firmly on the ball of the index finger. Moisten a medium-hard bristle tooth brush in hot water and apply to a good soap. Brush the barbs vigorously and away from the hand, at the same time roll the handle to and fro, between the thumb and middle finger. After a brief brushing, all clinging material will be thoroughly removed from the barbs. Wash away soap suds in hot water. Jar broach violently to shake off the remaining moisture. Dip into alcohol and set aside for future use. The whole procedure takes a minute or two, but prolongs the usefulness of the broach, keeps the barbs sharp and leaves them perfctly clean.

7724 Fourteenth Street.

NOTICE

Dr. Alonzo Milton Nodine would esteem it a favor if those of his professional friends for whom he made radiographs at Rochester would send him their names and addresses. One West Thirty-fourth St., New York City.

LEGAL LIABILITY OF DENTIST FOR NEGLIGENCE OR MALPRACTICE

By A. L. H. Street, St. Paul, Minn.

Although the subject here discussed will hold a practical interest for dentists generally, it will probably be as gratifying to them as it has been interesting to the writer to note that the law reports disclose a strikingly small number of suits against members of the profession for negligence or malpractice, even when it is considered that the dental, as well as the medical, profession suffers from the intrusion of "quacks," to much the same disadvantage as the legal profession suffers from the presence of "shysters" in its ranks. In fact, it is a fair inference from the facts shown in some of the reported cases wherein dentists have been exonerated from charges of unskillful practice that the litigation resulted from bad legal advice only.

In summarizing the more important appellate court decisions which have been handed down in suits brought against practitioners for claimed negligence or malpractice, the writer gives citations to the volumes and pages of the law reports where the cases can be found reported in full.

The law requires, as has been declared by the Maine Supreme Judicial Court (39 Maine Reports 155), that a dentist, holding himself out as qualified to practise, possess a reasonable degree of skill and care in his professional operations, but he will not be answerable for injuries resulting from his want of the highest attainments known in his profession. In a suit for damages for filling a tooth upon a live nerve, without proper packing, and in later improperly and unnecessarily boring through the jawbone after the patient returned for treatment (29 Southeastern Reporter 354), the North Carolina Supreme Court said: "Whether this malpractice, found by the jury, arose from the want of ordinary knowledge or skill, or the want of reasonable care on the part of the defendant, is immaterial, as both are impliedly guaranteed by one offering his services to the public. The degree of care and skill required is that possessed and exercised by the ordinary members of his profession. It need not be the highest skill and knowledge known to the profession, but it must be such as is ordinarily possessed by the average of the profession. It cannot be measured simply by the profession in the neighborhood, as this standard of measurement would be entirely too variable and uncertain. 'Neighborhood' might be construed into a very limited area, and is generally so understood among our people. It might contain but few dentists, in sparsely

settled sections perhaps only one or two. Both might be men of very inferior qualifications, and to say that they might set themselves up as the standard of a learned profession, and prove the standing of each by the ability of the other would be equally unjust to the profession and to its patients." But in an Illinois suit for claimed malpractice (160 Illinois Appellate Court Reports 11) it was held that testimony of outside dentists was admissible to show the practicability of doing the work in the way it was done in the particular instance. And, as decided by the Texas Court of Civil Appeals (30 Southwestern Reporter 450), a dentist does not insure the result of his work, and is not responsible for a mistake of judgment, if he exercises reasonable skill and care. It has been judicially decided, however, that he is liable for injury resulting from his failure to make a proper diagnosis, through want of requisite skill and care, as well as for negligent treatment. According to a decision of a New York court, where a patient is put under the influence of an anæsthetic, depriving him of the use of his faculties, dentists are required to use the highest professional skill and diligence to avoid every possible danger; but it has been declared by a Pennsylvania court that a dentist using chloroform need only look to its natural and probable effects.

In a recent case which was before the Michigan Supreme Court (136 Northwestern Reporter 367), it was held that under the particular and disputed facts shown in that suit, it was a question for the jury to determine whether defendant dentist was negligent in failing to discover that he had dislocated plaintiff's lower jaw while extracting her teeth under an anæsthetic. In this case the jury returned a verdict for $300 in plaintiff's favor under instructions from the trial court that the mere fact that plaintiff's jaw was dislocated did not raise any question of negligence on the dentist's part, the testimony of experts showing that dislocations under such circumstances are not unusual; and that possibly there are some cases where failure to discover a dislocation would be excusable, but that the jury should determine in that case whether failure to discover the dislocation was negligent; there being evidence tending to show that the dentist examined the jaw eight days after the accident, and did not discover the condition until a physician diagnosed the case as a forward dislocation. In a similar case (79 Pacific Reporter 174), the California Supreme Court affirmed a judgment in favor of a patient for injury to her jaw in extracting a tooth. Incidentally the court decided that the fact that plaintiff's injury was aggravated by delay on the advice of the defendant in consulting a physician and obtaining treatment could be considered by the jury in fixing the amount of damages to be awarded. Plaintiff complained that after

defendant treated her, there was a "clicking" or disagreeable sound made by movement of the jaw. To meet this proof, defendant sought to show by witnesses that they were similarly afflicted, but the evidence was excluded by the court on the ground that plaintiff did not claim that the condition could be produced only by a dental operation. Recovery was allowed in the case on plaintiff's claim that defendant failed to remove all of the root of a tooth, resulting in subsequent inflammation, and that when he later attempted to remove the remaining piece, the dentist unskillfully took hold, with his instrument, of the jaw itself. But in a New York case (121 New York Supplement 343), it was decided by the Supreme Court that mere proof that plaintiff went to defendants' office to have a tooth extracted, that she suffered severely therefrom, that after the extraction she was compelled to revisit the dentists for treatment, and subsequently a physician was called, was insufficient to sustain suit against the dentists for malpractice. The court in reversing judgment for plaintiff pointed out that "there was no proof in the case, other than the mere statement of the plaintiff that the extraction of the tooth was made in a negligent or unskillful manner. No medical evidence of any sort was introduced. To entitle plaintiff to recover, she must show that the defendants failed to use that degree of professional skill or knowledge which the law requires of them." In a case which arose in Los Angeles, the California Court of Appeal sustained an award of damages against a dentist for injury to a patient, caused by one of seven teeth which he extracted dropping into the trachea and passing thence into her right lung; holding that the evidence established negligence on the practitioner's part. The court said in this case that the evidence failed to show that defendant took precautions against the accident as he might have done by keeping the mouth of the patient clear of blood, by keeping track of the teeth extracted, and by examining the teeth removed to see that fragments were not left in the mouth, as a skillful practitioner does. The opinion adds: "In addition to all this, there was evidence tending to show that ordinarily a patient regaining consciousness will not cough; that, if coughing and strangling ensues after consciousness is regained, it is recognized as evidence of the fact that a foreign substance has escaped, and that unusual and great precautions should thereupon be taken by the operator to cause its immediate removal; that notwithstanding plaintiff's coughing and giving every evidence of having some foreign substance in her windpipe, no attention was paid to her by the defendant, and no effort made to ascertain the cause of her unusual condition." In a similar case in New York it was held to be a question for the jury to determine whether a dentist was negligent in permitting forceps to slip,

resulting in part of a tooth going down the patient's throat, and causing coughing and vomiting for several weeks until the tooth was emitted.

In a Massachusetts case (77 Northeastern Reporter 1154), a patient sued a dental company for damages, claiming that a metal brush used in cleaning her teeth had not been properly sterilized, and that through it syphilis was communicated to her, the disease appearing in cuts on the side of her mouth and tongue produced by the brush. The trial court directed a verdict in defendant's favor, but the Supreme Judicial Court reversed the ruling, holding that it was for the jury to determine whether plaintiff was innoculated with the disease in the manner claimed by her, and whether defendant used proper care to avoid such infection, by proper sterilization of the brush.

A dental partnership is liable for negligence or malpractice of one of its members in doing work for the firm, but not if the patient intended to employ the partner individually. Dentists are, on the same principle, liable for negligence or malpractice by their employed assistants. In a suit for damages for claimed malpractice in extracting a tooth, it was decided by the Texas Court of Civil Appeals (30 Southwestern Reporter 450) that if the tooth was extracted by a person other than defendant, he was not liable unless he had control over such other person's actions, or unless, being called upon to do the work, defendant directed it to be done under such circumstances as would justify a prudent man in believing that the person so directed was defendant's employee, or unless defendant held out to the public that the other dentists in his office were his assistants, and plaintiff, relying on such representation, submitted himself to one of such dentists, looking to defendant alone as the responsible head of the business.

The amount of damages which may be recovered by a patient who establishes the fact that his practitioner has been guilty of actionable negligence or malpractice is measurable by the physical suffering and pecuniary loss sustained by the patient as a direct consequence of the wrong, including recovery for loss of teeth, loss of time, delay in effecting a cure, permanent injury, etc. (North Carolina Supreme Court, 29 Southeastern Reporter 354). That plaintiff aggravated the injury by failing to return for treatment or to otherwise follow the dentist's instructions, does not release the latter from liability for so much of the injury as is fairly attributable to his negligence. $3,000 has been held to be liberal, but not excessive, recovery for malpractice consisting in improper construction of bridge work, involving injury to, and loosening of, plaintiff's natural teeth (160 Illinois Appellate Court Reports 11). But judgment for an amount claimed by a dentist for his services, obtained against the patient, bars subsequent suit by the

latter to recover on account of claimed negligence or malpractice. The time within which suit against a dental surgeon for damages will "outlaw" varies in the different states from one year upwards.

Box 112, St. Paul.

LOST MOTION IN DENTISTRY*

By W. I. Macfarlane, D.D.S., Tomahawk, Wis.

I suppose if you would take the trouble to investigate, you would find that every single person of ordinary intelligence you meet has a hobby. I suppose that by this time, after having listened to several of the papers which I have read before this society, you have reached the conclusion that I have a hobby and that, without a doubt, I ride my little horse whenever and wherever I get a chance.

I have absolutely no apology to offer because of this fact, and I wish to state that I am most intensely interested in this phase of our profession, the surplus or dividends which our practices should pay us after our cost of production has been taken out of our gross receipts for the year. I contend, that it is enough to make any man who goes into this matter carefully, feel that he must get out and shout the facts in regard to this matter to the profession, and compel those who refuse to pay attention to the details of their business, to stop and change their methods of conducting their practices and of following in the old ruts of attending to the business end of their profession.

No man living, if free to act in a manner which absolutely refuses to take into consideration the state of other members of society, and no man who holds the degree of D.D.S. has a right to ignore the state or condition of other members of the profession and presume to dictate what they should do. Neither has he a right to ignore the just claims which some other member of the profession may bring to his attention. One of the glaring facts, which, in this paper I wish to bring before the profession, is that dentists, as a class, are notorious for their lax methods of conducting the business end of their profession.

Primarily we are not to blame for this. The fundamental reason lies with our colleges. They have taken our money and led us to believe that they were going to fit us for a successful career in our chosen profession, and Gentlemen, I feel that I have good grounds to stand here and charge them with obtaining money under false pretenses.

* Read before the Central Wisconsin Dental Society, 1914.

I believe that the profession has a right to demand that our colleges add a Chair of Business Instruction to their curriculum. I make this statement under a strong conviction that, in justice to the young men who are now entering the profession and those who are to come later, as well as those men who already have received their degree, this should be done.

No doubt, members of college faculties will say that the course of instruction is already crowded to the bursting point, but nevertheless, I contend that at least one hour a week during the senior year, devoted to instructions relative to the cost of production as applied to services which we render our patients, would pay rich returns to those receiving it, the profession at large and, last but by no means least, to our patients in added efficiency.

I have a friend who is an engineer. I asked him to give me a good definition for lost motion. This is what he gave:

"A waste of power between source and final distribution, owing to faulty adjustment of mechanical parts over which this power is transmitted."

Now compare this to a condition of affairs which we find in a great many practices today and see how it applies.

We, as a profession, act like so many sheep. Years ago some one decided that ten dollars was the right fee for a vulcanite denture. That chap wore a bell, and all the sheep have been following the elusive tinkle of that ten dollar leader ever since. I admit that this is not absolutely so in all cases, but it is the rule. We must have exceptions to prove the rule. So in dentistry as with sheep, once in a while you will find some venturesome young ram going about two dollars worth out of the way and making it $12, or perhaps once in a while there arises some rival to the original old buck, one who has been in the profession so long that he feels somewhat independent, and he has the sublime nerve to demand the almost princely sum of $15 for his services in constructing a denture. But once more that is the exception which proves the rule.

Now I grant that this may be somewhat lurid and a trifle extreme, but in a crude way it presents the idea which I wish to bring forth.

Why should we, in the fact of all good business sense still continue to deliver our services at a price, which as compared to other lines of good business would not be and could not be tolerated for any period of time whatever. Why not use good business sense and adjust our fees in relation to the cost of living today, as compared to the fees and relation of cost applied to conditions thirty or fifty years ago.

Try and compare the purchasing power of $10, twenty or thirty years ago with the same exchange value of today. How long would

you expect a business man or corporation to continue to exist as a financial factor if they insisted upon such a policy? Why have the dental houses changed their discount rates within the past year? Because they recognize this principle. Do you suppose it has made any difference in their output? Do you suppose that if our fees were adjusted in proportion to our cost of production it would make any difference in the number of diseased mouths and decayed and missing teeth that need attention, repair and replacement?

Another great source of lost motion is due to crowded appointments. In this as in other things we have played at the game of following the leader. If we are at all successful in practice we will soon find that our appointment book is overflowing with appointments. We make appointments one, two and even three weeks ahead. At the end of the week we look at our book and find that every hour for Monday is given out. Perhaps the patient who has the first hour comes in twenty minutes late on Monday morning. Now when we gave that appointment to this patient we did so with the idea that this particular piece of work would take just about sixty minutes. Now what happens? One of several things may take place. Perhaps you undertake to complete the work in forty minutes and you find that you must slight it or else give it the full hour, and then you keep patient number two waiting.

Now you are working under pressure. Number two is waiting. That time belongs to him or her, and you have no right to use it for number one and so you try to rush, and haste makes waste every time.

Number two gets into the chair twenty minutes late. Perhaps this appointment was for thirty minutes and you have ten minutes left. What will you do? Either you will go to work and make a bluff at changing a treatment and dismiss them without accomplishing any real work or you will try to short cut and slight something, and before you have completed the operation number three is waiting.

About this time some one without an appointment comes in with an aching tooth, and you try to relieve them for they tell you that they must get back to work, catch the train, etc. Number three still waiting. At last number three is in chair, perhaps half an hour behind schedule time. About this time you do not wish to hear even a step upon the stair, but nevertheless in comes some one from out of town and they want several gold fillings put in, or a piece of bridgework, and as they have come a long way it is necessary to have this attended to at once. So unless you can do it they must try some other place. Now what will you do? Perhaps it is cash and you may have a slow paying patient in the chair and several more coming throughout the day. You

need the money so does the other dentist, and you know he will try to accommodate a cash patient. Every hour is filled. Monday, Tuesday, Wednesday, etc. But you say "Just wait and I will see what I can do."

You get No. 3 out as soon as possible, but it may be time for the next regular patient. Perhaps No. 3 stood for another bluff. Perhaps only a dressing was changed, when really you intended to fill a root canal, but you do not do it and if you just went through the motions with Number two and Number three, without doing any real work in order to get at the new job, why what do you call that failure to accomplish what you had intended to do, but lost motion?

Have you ever caught yourself, just at a time when you were crowded with work, standing at your cabinet staring straight at the instrument that you wished to use and yet not seeing it, or rather not recognizing it when you do see it? Isn't that lost motion due to too much pressure?

Now I say we have been following that bell sheep and unless I have something to offer, I will continue to do so. But I have an *idea* and it is *this*. Do not fill up your appointment books. Instead, keep a waiting list. If you have the room, put in a second chair. If you have a good assistant have her treat the aching teeth which come in and then tell your patient that you will telephone them when you wish them to come. Find out at what time of day it will be most convenient for them to come. If they have no phone find out which one of their neighbors has one and also whether you can send word in that way. If this cannot be arranged tell them you will mail them a card one or two days ahead. If it is a country patient send it several days ahead if they have no phone.

If this plan is carried out, at least one-half of your available time can be kept free on the appointment book, and when these hurry-up cash cases come in you will be able to take care of them, and also when a new case comes in to you with the request for an examination and an estimate you will have the time to look it over with care. Give the patient a good health talk. Give them an estimate, terms, etc., and secure a deposit which will hold the case and do away with a lot of lost motion in dentistry.

Let us educate our patients away from the idea that we are selling gold and silver fillings, which idea places us on the same plane with gold and silver merchants, and instill into their minds the fact that we are selling them our knowledge and skill, which helps them to retain or secure health. Charge for your time whether it is spent in educating the patient or in manual services rendered. Sell your cases, sell your

health talks, use crowns, bridges, plates, fillings, etc., as a physician would use the various drugs that are named in his prescription. In other words, he uses these drugs as the means to an end, which is to secure health for his patients.

HIGH FREQUENCY GENERATOR IN DENTAL PRACTICE

By J. E. Stevenson, D.D.S., Portland, Ore.

For the benefit of dentists who have spent many hours of time and worry treating chronic and blind abscesses, I wish to give my experiences with the violet ray high-frequency generator which produces the fifth medical current. There are several generators on the market, but the one that is especially adapted to dental uses is the Rogers machine, which generates a current properly adjusted to the treatment of mouth conditions. The high-frequency current has a beneficial effect on abscesses in driving into the diseased area oxygen which oxidizes the pus and also a small amount of ozone which is generated by the current and which is driven into the tissue, a part of which is stored up in vacuoles and has a continuous effect for hours after the treatment, and which possesses an oxidizing effect on the pus to a very marked degree and also imparts its germicidal qualities in the abscessed area.

The violet ray current, in passing through tissues which are diseased or where inflammation is present, excites the phagocytes into excessive physiologic action, and with the assistance of the oxygen and ozone the abscess is dissipated in from one to a half dozen treatments, according to the stubbornness of the abscess.

The reason the high-frequency current is so effective in treating this condition is its persistence of action on both the diseased and healthy tissue, dissipating the one and exciting the other into healthy action, as well as its germicidal properties.

I have used the violet ray for some months and have been successful in curing some chronic abscesses which had been treated for months previously by the regular methods and which had failed. Without exception they yielded to the treatment, and within a week from the time of treatment the abscesses were entirely healed and have not since shown any signs of return. I could give a number of instances in detail. The dentist with the high-frequency generator in his office will find many other uses for it as well as the treatment of abscesses. The

oxygen and ozone generated may be driven into a tooth from which a putrescent pulp has been removed and the root thoroughly sterilized, so that there need be no fear of trouble following the filling of the root. Many of these cases give us future trouble, and I believe it is on account of the infiltration of putrescent matter through the root, which infection passes through every part of the root, carrying its germicidal qualities and thoroughly disinfecting the entire root, but not affecting the healthy tissue.

With the proper electrode, aconite and iodine may be driven into the soft tissue over an inflamed tooth and the therapeutic effect will be felt in much less time than by waiting for the tissue to absorb without the current to assist driving it in.

In cases of diseased antrum where there is hesitancy in opening into the cavity, the high-frequency current is especially indicated. All pus may be dissipated and a healthy condition may be brought about in the same manner that an alveolar abscess is treated. This will prevent any possible infection that might take place by opening into the antrum.

Other uses will suggest themselves to the dentist who has a generator in his office.

206 Medical Building.

A DENTAL SKETCH

220 East 72d Street, New York City, May 1, 1914.

To the Editor of Dental Digest:

The growing interest in the medical school inspection in all its branches was the cause of a joint meeting, on March 17, 1914, of the members of the Local School Board at P. S. 76, at 68th Street and Lexington Avenue.

In order to bring out more interest and parental co-operation among the school children, I was requested to write up an impressive dental sketch in such a manner that the children and their parents would easily understand and which would impress on the young minds the importance of mouth hygiene.

With the assistance of the school nurse and with the permission of the Director and Borough Chief of Child Hygiene of the Board of Health, and in the presence of the District Superintendent, Dr. Franklin, this sketch was produced, with such remarkable success that it had to be repeated for the benefit of different school principals from

the same district and also the nurses. It was adjudged the best means of teaching mouth hygiene to the receptive minds of school children.

In order to assist the school nurse and medical inspector, I have given especial attention to the treatment of school children at greatly reduced fees, with the result that, from January 1st to March 17th, 273 cases responded, besides others treated in different clinics and dispensaries.

Believing that you might be interested in that sketch for the benefit of others, I herewith enclose copy of same.

Sincerely yours,

JOSEPHINE E. C. LUHAN, D.D.S.

(*Doctor seated at his desk. Mother enters with patient.*)

Mother—"Here, doctor, pull her tooth out. I don't want to lose another night's sleep over her. She's been bothering me for the last week to come to you."

Child—"I had a little hole in my tooth and wanted to go to the dentist, as the nurse told me, but mother said it wasn't necessary."

Mother—"Such nonsense! Them nurses and school doctors are always putting swell ideas into children's heads."

Child—"Oh, doctor, must that tooth come out? Can't you do something to save it? I don't want to lose it."

Dentist—"Well! Open your mouth and let me look at it. Perhaps it isn't quite as bad as you think." (*Pause.*) "Well! you kept your mother awake just in time to save your tooth. It can be treated nicely and filled."

Mother—"That's nonsense! Take it out and be done with it."

Dentist—"There you are, madam, arguing with me, with just one tooth in your upper jaw."

Mother—"Well, I'm waiting for that one to fall out, and then I'll have a false set made."

Dentist—"Do you want your child to lose all her teeth, too? That tooth, or the sixth year molar, as it is called, is about the most important tooth in the mouth, because it is the first permanent tooth to erupt and on it depends the formation of the mouth and the position of the teeth. It is also the strongest tooth in the jaw."

Mother (relenting)—"W-e-l-l! Maybe you better treat it."

Dentist—"All right."

Mother—"Yes, doctor, another thing I want to tell you. What's all this talk about the tooth brush and powder? When I was a little girl one tooth brush was good enough for us ten kids, and now—the style of them these days! Each one of my children wants her own

tooth brush. When I didn't give Mary money for it, she saved up her own pennies and bought one, because the nurse says to be well she must keep her mouth in a sani-sani——"

Child—" Sanitary condition."

Dentist—" Yes, madam, your little girl is right. The health of the body depends greatly upon the condition of the mouth. If the teeth are kept clean and filled properly in time, there will be proper mastication, food will be digested and the whole physical health will be better. Well, little girl, show me how you clean your teeth."

Child—" I do it like this " (*illustrating*). "Up and down and around. The nurse showed me."

Dentist—" You see she uses her brush with a rotary motion, an up and down movement, not across the teeth, If she did, the food would collect in between the teeth and she would be as badly off as before. Now you're all right. Just continue what you have learned in school and from the nurse."

Mother (*as they leave*)—" Well, be Gory! Ain't it great the things they learn in school these days? "

VEGETABLE SPONGES OF ECUADOR

(*Consul General Frederic W. Goding, Guayquil.*)

One of the most remarkable instances of nature providing for the wants of man is in the vegetable sponges of Ecuador. The vine on which the sponge grows is found on the flat wet lands of this Republic, appearing only during the rainy seasons. It is an annual and grows rapidly, after the fashion of a pumpkin vine, with long smooth fruit resembling a summer squash.

Upon ripening the fruit is gathered and dried, when the interior is seen to be composed of a tangled network of fine fibers, with black seeds similar to those of the watermelon. The dried skin is easily removed, when the fibrous network or sponge is ready for use, after one side has been cut open. Washing in a few waters removes all extraneous materials, and the sponge may be used as any other. The poor people utilize them for washing dishes and when bathing, claiming they are superior to the animal sponge.—*Daily Consular and Trade Reports.*

AN INFERIOR MAXILLARY SHOWING FOURTH MOLAR IN POSITION

Sent by Dr. Williams for publication.—EDITOR.

YOUNGSTOWN, OHIO.

DR. J. LEON WILLIAMS, New York City.

DEAR DOCTOR: I am enclosing a radiograph of an inferior maxillary showing the fourth molar in position, which I believe to be a rare case and may be of some scientific interest to you. The tooth which I was obliged to remove has three well-defined roots that are fused together.

Should this case have any scientific value I would be glad to furnish you with the tooth and history of the case.

Fraternally yours,
R. W. MORGAN.

GROWTH OF THE CLINIC AT THE NEW YORK HOSPITAL

Editor DENTAL DIGEST:

It will perhaps interest the readers of the DIGEST to know of the enormous growth of the clinic at the New York Hospital.

The first year's work amounted to 1,652 operations, against 2,955 of this year.

Instructions are continued in the prophylactic measures of prevention of caries by the proper use of the tooth brush and mouth washes, and have had striking results.

It has also been taught the children to return periodically for examination of their teeth. The year's work may be classified as follows:

Treatments 879; oxyphosphate fillings 251; alloy fillings 622; gutta percha fillings 3; phrophylaxis 172; extractions 998; oral surgery (including opening abscesses, removing necrosed bone and fractures) 30; making a total of 2,955 operations. 2,625 patients have been attended, mostly children.

Such a demand is being made for services that it has been almost impossible for me to afford treatment.

NORMAN A. POST JR., D.D.S.

TO THE CLERGY OF THE UNITED STATES

A LETTER FROM THE SECRETARY OF THE CHURCH PEACE UNION.

GENTLEMEN:

Through the kindness of the press, I am taking this opportunity of addressing you concerning some matters in which you will be greatly interested, and of asking your kindly co-operation in the great cause of furthering international goodwill.

In the first place, The Church Peace Union has authorized me to offer to the churches five thousand dollars ($5,000) in prizes for the best essays on international peace. The sum is apportioned as follows:

1. A prize of one thousand dollars ($1,000) for the best monograph of between 15,000 and 25,000 words on any phase of international peace by any pastor of any church in the United States.

2. Three prizes, one of five hundred dollars ($500), one of three hundred dollars ($300), and one of two hundred dollars ($200), for the three best essays on international peace by students of the theological seminaries in the United States.

3. One thousand dollars ($1,000) in ten prizes of one hundred dollars ($100) each to any church member between twenty (20) and thirty (30) years of age.

4. Twenty (20) prizes of fifty dollars ($50) each to Sunday-school pupils between fifteen (15) and twenty (20) years of age.

5. Fifty (50) prizes of twenty dollars ($20) each to Sunday-school pupils between ten (10) and fifteen (15) years of age.

In the accomplishing of the desired results among the church members and the Sunday-school pupils, and in the awarding of the prizes, The Church Peace Union will have to depend largely upon the assistance which the pastors can render. It is earnestly hoped that the pastors will make the announcement of these prizes in all of the churches and Sunday schools of the United States. In competing for the prize only one essay should be sent from each church and from each Sunday school, the essays of the local church and Sunday school being read by a local committee and the one winning essay forwarded.

It is hoped that from the thousand dollar ($1,000) prize offered to clergymen one or more essays may be found which will be worthy, not only of the prize, but also of publication and distribution by the Foundation.

All essays must be in by January 1, 1915.

Further particulars about these prizes, as well as literature to be used in the preparation of the essays, and lists of books can be secured

by addressing the Secretary of The Church Peace Union, Rev. Frederick Lynch, D.D., 70 Fifth Avenue, New York City.

The churches of the country will be interested in knowing that a world conference of ministers interested in the peace movement has been called by The Church Peace Union for the first week in August (3d to 8th) in Switzerland. The German Church Peace Council and the British Church Peace Council are arranging to carry a large number of delegates to this conference, and they hope to meet there many clergymen from America. It will be a rare opportunity for the American clergymen to meet their European brethren. This conference will be of an intimate nature rather than of the nature of a great public demonstration, but it is hoped that it may lead up to a great world congress of the churches in the near future. While the Union is asking the churches to appoint official delegates, and while several of the leading peace workers among the clergy have been especially asked by the Union to attend this conference, *every clergyman traveling in Europe in August* is not only invited most cordially to be present, but if he is interested in the great world movement toward closer brotherhood and goodwill and the union of the churches in all social reform, he is strongly urged to take part in the discussions. The only credentials demanded will be the desire to help the cause. A great many American clergymen will be traveling in Europe this summer, and the Union earnestly hopes that they will adjust their tour so as to be in Switzerland for this first week in August. I would like to hear as soon as possible from any clergyman who is to be in Europe this summer and who would be interested in taking part in this gathering. It will be a very unique meeting, the first of its nature ever held, perhaps the beginning of a great movement. Whoever attends will have the opportunity of meeting some of the leading pastors of both Great Britain and the Continent.

(Signed) FREDERICK LYNCH, Secretary.

THE LITTLE FIELD

My neighbor hath a little field,
Small store of wine its presses yield,
And truly but a slender hoard
Its harvest brings for barn or board.

Yet tho' a hundred fields are mine,
Fertile with olive, corn and wine;
Tho' Autumn piles my garners high,
Still for that little field I sigh.
For, ah! methinks, no otherwhere
Is any field so good and fair.

Small tho' it be, 'tis better far
Than all my fruitful vineyards are,
Amid whose plenty sad I pine—
"Ah, would that little field were mine!"

Large knowledge void of peace and rest,
And wealth with pining care possest—
These by my fertile lands are meant;
That little field is called Content.

—*Robertson Trowbridge.*

CORRESPONDENCE

A REPLY TO "K. A. W."*

Editor DENTAL DIGEST:

Would you kindly advise me on the following case?

Patient, male, about 25, plethoric; history, syphilitic affection about one year ago.

Patient presented with an extreme case of ulcerated gums about the upper incisors, some of which are supporting gold bands, also the first molars and a few of the lower teeth. The left side of tongue was badly fissured and infected. Teeth were not loose, but the process was evidently beginning to be extensively absorbed. Breath was very offensive and patient complained of a great deal of pain. I at first used Buckley's formula for pyorrhea, containing Tr. I, KI and Zn sulfocarbolated, etc., without effect. Later used AgNO3 and phenosulphonic acid. Have treated case for about three weeks with but little improvement. Patient also has been taking medical treatment. Prescribed lavoris and other washes.

What do you think would be the most effective in this case? Would be glad to have reply by letter or through DIGEST.

Thanking you in advance for this favor, I am,

Yours truly,

K. A. W.

Editor DENTAL DIGEST.

DEAR SIR: Replying to K. A. W., in May issue, I am enclosing reprint of article on Vincent's Angina (see page 478, this issue), which I believe is the disease which is troubling his patient. Will you kindly forward it to him? If the patient has syphilis, of course he should be treated for that, independent of his oral condition, and it is possible that the oral condition is due entirely to a syphilitic infection, but I doubt that exceedingly. The great pain the patient has, in connection with the bad breath and the ulcers, makes the diagnosis of Vincent's Angina almost positive. A microscopical examination would remove the last doubt.

Sodium perborate is not borax, neither is it sodium biborate, as his druggist may try to tell him. Sodium perborate is a new preparation made by Merck and one or two other houses, and is not yet in the pharmacopœia, though it has been proposed for enrollment there and doubtless will appear in the next issue.

I would be glad to have you publish a review of my paper, if you care to do so, as I believe from my experience that there are hundreds of cases of Vincent's Angina over the country that are not receiving proper treatment. I had one case that was treated for a year under the name of Pyorrhea. Naturally it slowly, but surely, grew worse. I had another case that was treated by a (quack) physician with 606

* That our readers may fully understand, the questions asked are reproduced.—EDITOR.

and with local applications of iodine. This case, at the end of several weeks' treatment, was pronounced cured, but continued along in a chronic state with occasional acute exacerbations for about a year. It began to yield to sodium perborate immediately, but required about five weeks to get rid of the germs as shown by the microscope.

Yours truly,

HENRI LETORD, D.D.S.
El Paso, Texas.

APRIL 14, 1914.

Editor DENTAL DIGEST:

The case cited in the April number of THE DENTAL DIGEST, "Unauthorized Operation as Assault and Battery," is not in accord with the latest and best authorities, nor is the reasoning therein sound on principle, although correct in result.

In a paper published in "Items of Interest," August, 1913, the undersigned discussed this very point, giving the latest authorities on the same, from which paper he now partly quotes:

The writer represented the defence in a case in which a dentist was sued for extracting an impacted third molar while attempting to grasp the distal root of a second molar, which was covered with blood, oozing from the socket of the removed mesial root. The patient was under general anesthesia. The dentist was expressly authorized to extract the twelve-year molar only.

It may be well to mention here that the beneficial result of the removal of that tooth, and the "judgment prove" condition of the dentist, seems to have induced the plaintiff to discontinue the action. A perusal of the authorities on this question disclosed the pertinent and very recent case of Brennan vs. Parsonnett (July, 1912, 83 Atl., 948), in which the court said:

"The conclusion, therefore, to which we are led is that when a person has selected a surgeon to operate upon him, and has appointed no other person to represent him during the period of unconsciousness that constitutes a part of such operation, the law will by implication constitute such surgeon the representative *pro hac vice* of his patient, and will, within the scope to which such implication applies, cast upon him the responsibility of so acting in the interest of his patient that the latter shall receive the full benefit of that professional skill and judgment to which he is legally entitled. Such implication affords no license to the surgeon to operate upon a patient against his will or by

subterfuge, or to perform upon him any operation of a sort different from that to which he had consented or that involves risks and results of a kind not contemplated. As to such matters, the rule in question submits nothing to the judgment of the surgeon, who, as the implied representative of his patient, can under such implication truly represent him only in so far as he gives to him the benefit of his professional wisdom within the general lines of the curative treatment agreed upon between them unless, of course, a wider discretion has been accorded to him. Within such general lines, however, much is necessarily left to the good judgment of the operating surgeon; just how much will depend upon the circumstances of the individual case.

"If the surgeon transcend his implied authority as thus defined, the question of his skill and wisdom is irrelevant, since no amount of professional skill can justify the substitution of the will of the surgeon for that of his patient, but where this is not the case, and where the act done or the decision made in the interest of the patient is fairly within the implied duty and authority of the surgeon, the question for the jury is whether upon the evidence it appears that such professional skill and wisdom as the patient was entitled to receive had been exercised by the surgeon in his behalf, not whether in the opinion of the jury the surgeon had acted wisely or whether the patient had been benefited."

This decision was rendered on an appeal from a judgment in favor of a charity patient, based upon the ground that the surgeon exceeded his authority. The surgeon obtained consent to operate for a rupture on the left groin. After the patient had been anesthetized the surgeon discovered a rupture on the right side of a far more serious nature. The surgeon thereupon operated upon the more serious rupture, intending to operate also upon the other, which he was prevented from doing by the patient's condition under the anesthetic. The patient, upon being informed that the operation would be completed on the following day, apparently acquiesced, but later declined to go on with the operation and brought this action against the defendant for assault and battery.

Considering this condition of facts, this court exonerated the surgeon by refusing to take the ground of the lower court, " that the operation that was performed by the defendant was of a different sort from that to which the patient had consented."

" Such a ruling," said the Supreme Court, " would be based upon too narrow a view. The conditions for the cure of which the plaintiff applied to the defendant was rupture. He is, therefore, presumed to have contemplated all of the risks incident to an operation for such a condition. Now, rupture is simply a protrusion of the intestine.

Whether it occurs on the right side or on the left, the intestine is the same, the muscular wall is the same, the operation is the same and its dangers and risks are the same."

This case then stands for the proposition that when no greater degree of risk is involved than was contemplated by the patient when he took the anesthetic, the surgeon may use his discretionary authority when operating. Of course, he cannot remove an organ without express consent (Pratt vs. Davis, 224 Ill., 300), but whether the court would call a tooth an organ is doubtful. The famous English case in which a surgeon performed double ovariotomy, when operation as to one ovary only had been arranged, is another example of what should not be done.

The operation described in the article of your magazine was, of course, an injury to patient and was, therefore, actionable *per se*.

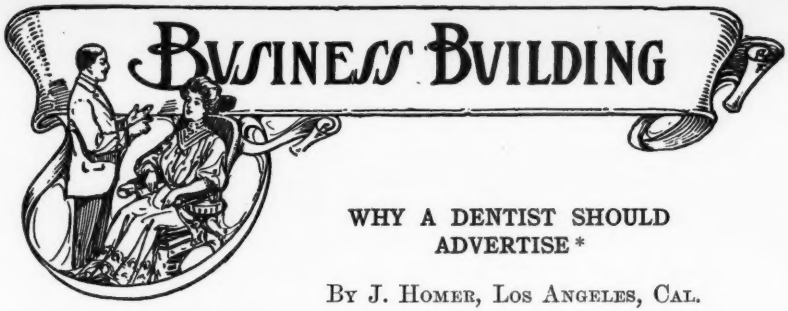
While the recognition by the court of the surgeon's discretion is a substantial gain by the latter, it is much safer not to make use of this distinction and to obtain consent of the patient in every case. Cases of this sort invariably rest on questions of fact, and no one can tell what a jury will do with a given set of facts.

Respectfully yours,

HENRY SCHWAMM, D.D.S., L.L.B.,
25 Pine Street, New York.

A SERIES OF ARTICLES

In the September issue of THE DENTAL DIGEST there will begin a series of articles on "The Relation of General Medicine to Dental and Oral Surgery," from the pen of the author of "The Principles and Practice of Tooth Extraction"—Dr. William J. Lederer, Dental Consulting Physician to the German Hospital in the City of New York. The author has for some years made a close study of the connecting links between some systemic diseases and tooth and mouth lesions, both in the medical and surgical wards and in the dental infirmary. It is hoped that the coming series will enable the dental profession to better differentiate, between strictly local mouth lesions as such and mouth lesions as symptoms of systemic disease. These articles are advance copy of a work in preparation by the author.



WHY A DENTIST SHOULD ADVERTISE *

By J. Homer, Los Angeles, Cal.

This author takes up my challenge, that if the advertising dentist has anything to say for himself, this is the place to say it.

I'd like to know whether you think what he says here is accurate?

I know an advertising dentist who could tell one of the most interesting dental stories ever printed—if he would. It involves ethics, starvation, debt, grit, advertising, brass bands, big signs, street shows—and prosperity. I've tried to get him to tell you the story in these pages. Once I almost succeeded.

I'm glad Dr. Homer sent in this article, but if I were an advertising dentist I could think of a much stronger setting forth of my position. In fact, I know it is possible, because I've heard this other dentist give it.—Editor.

Mr. President and Gentlemen:

My subject, "Why a Dentist Should Advertise," is of importance to all intelligent people, as it has to do with the public health.

Advertising is the customary preliminary to the selling of any article. The precedent for advertising was established as long ago as the fourteenth century before Christ, as you will observe by reading in your Bible the twenty-fourth chapter of Numbers, the fourteenth verse; also in the tenth century before Christ, as found in the fourth chapter of Ruth, the fourth verse.

No dentist ever yet made a success of practice without advertising of some sort. Maybe he didn't call it advertising, but it was advertising just the same.

Advertising primarily consists in letting a lot of people know you are in existence and what excuse you have for living.

Advertising has made great progress during the past decade and today this business occupies one of the most important places in every phase of the business world. It is not possible to conceive of business, in the modern sense, without advertising, in the modern sense. Business is impossible without advertising.

I presume from my subject that I am called upon to defend the position of a dentist who advertises in newspapers, handbills, etc. I re-

* Read before the Los Angeles Ad Club on July 29, 1913.

fuse, however, to make any defense, for the reason that none is needed. I maintain that the position of an expert and conscientious dentist, who is a business man as well, is impregnable, so far as advertising is concerned.

I will endeavor to point out to you my reasons for saying that an up-to-date, competent, and progressive dentist should advertise, not only in justice to himself, but also in justice to the public.

I base the above premise on the proposition that a live dentist of this twentieth century should be a first-class business man as well as a professional man. The idea that a professional man should be so wrapped up in his vocation that business is entirely outside of his sphere is one that is fast losing favor with thinking people. The professional man of to-day must not only be a doctor, a lawyer or a dentist, but he must also be a good business man, in order to best serve his patients and clients. A business man realizes the value of advertising, and advertising constitutes a most important branch of his business. Of what use or benefit to the world is a man's skill and knowledge, unless the world knows of it, and how can the world be informed except by advertising? I am therefore thoroughly satisfied that a dentist, who claims to be a business man as well, has an absolute right to advertise if he thinks it to his best interest so to do.

Emerson says that "the only permanent thing in life is change," so if it is contrary to the so-called "code of ethics" for dentists to advertise—then the code should be changed. A thing is not always right simply because it exists. If a man can do good dental work it is to the interest of the community that he should advertise this fact and enable the people to avail themselves of his ability.

The whole question is this:

You have something that the people need and want, and by advertising you let the people know that you have it and that they can have it, if they want to pay your price for it. This is a simple, every-day, common sense business transaction. Just the application of business methods to the business of dentistry.

There is no good reason why a dentist should not advertise and every reason why he should. He should tell the people what he has, why it is superior to that of others (if it is), and why the people need him and his methods. But his advertising must be truthful and honest.

As nearly as possible I will discuss this subject under three heads.

First: A dentist should advertise to increase his business.

Second: He should advertise to educate the public; and

Third: He should advertise in order to economize and to modernize himself and his business.

A dentist should advertise to increase his business:—

Because it is a fact that advertising will increase his business, and it is also a fact that dentists who advertise do a much larger business than those who do not. My foundation for this statement is based on my own observation of dentists' offices in the large cities that I have visited. Almost invariably I found that the dentists who advertised had a larger number of chairs than those who did not advertise, and it is, of course, an indisputable fact that the more chairs a dentist is operating the smaller in proportion is his expense per chair. It has been my personal experience that the dentist who advertises gets the cream of the trade. And what is the cream of the trade but the solid business men who advertise and who read other advertisements understandingly. By this I mean that they understand that a dentist who serves many people is able to do so at a more reasonable price than he who serves few.

When I speak of advertising I do not mean only advertising in the newspapers, but also advertising in other ways. I have found that my display cases at the entrance to my offices attract many people to the office, and that they are a very material source of business.

Second: A dentist should advertise to educate the public:—

Advertising is practically the only way you have to keep the people informed of the latest and best methods of doing work and of the improvements made in such work. Of course a good dentist gets a great deal of advertising from satisfied patients, but that is not enough. You have goods and knowledge to sell that the people want, and advertising is your only available method of letting the people know these facts. This is only a plain common-sense application of up-to-date methods.

How otherwise can you tell the public that you have a complete establishment, comfortably furnished, equipped for the performance of creditable work, and that you are there to do business? You must make no promises that you cannot fulfill, for, as Abe Lincoln said, "You can fool all of the people some of the time, and some of the people all of the time, but you can't fool all of the people all of the time."

Third: A dentist should advertise in order to economize and to modernize himself and his business:—

We all have to keep up with the procession or get left, and to keep up with the procession we must cut down expenses, and cutting down expenses is of interest to everyone in the business world. As I have said before, the more chairs a dentist operates the less in proportion are his expenses per chair for rent and for attendants. If we would succeed in doing a public service we must not only keep up with the procession, but we must go ahead of the procession, and in order to go ahead of the procession we must produce a better article or give better

service for the same price other dentists charge, or we must give as good an article and as good service for a less price.

Six men, each doing one special branch of dentistry and co-operating with each other in the same office, can do more and better work than ten men working in separate offices. For instance, one man can plan work better than another who can do work equally well where some one else plans it, and diagnosis is just as important in dentistry as in medicine or the service of an architect in building. Ninety-five per cent. of the so-called ethical practitioners further hinder themselves by trying to practise more than one branch of dentistry. Painless operations on the teeth depend largely on the skill of the man using the instruments. Skilled men are sure and quick, and repetition of one thing makes them so. It is obvious, therefore, that people can get better work in less time, with less pain, in an advertising dental office, and all of this at a more reasonable price, where the rule is a plurality of chairs than in ethical offices where the rule is one chair.

Advertising also enables the dentist to economize his time and the time of his employees, for if he tells the public through his advertisements what he has to sell and what he can do, and does do, the people know before they enter his office what they are after and what they can get, and neither the dentist nor his employees have to consume much time in explaining the good qualities of the articles for sale nor what services can be rendered, as the people are advised of all this by reading the advertisements.

Now let us see who it is that makes the most strenuous objections to a dentist advertising. Do the working classes care a whit whether this particular dentist advertises and that dentist does not? Does the lawyer care a continental whether or not some dentist advertises? Doesn't the man in mercantile pursuits admire the live, up-to-date dentist who has the independence and initiative to do something which he has found so beneficial in his own business and which he knows will produce results? Aren't the newspaper men and printers much pleased at the increase of their business which is caused by advertisers? I think you will agree with me that all of these questions should be answered in the affirmative. In other words, the vast majority of the people do not care very much whether a dentist advertises or not, unless it affects their pocketbooks. Persons in a line of business who profit by a dentist advertising are very much in favor if it. Then who is it that so strenuously objects and calls the advertising dentist unethical and a fake and a swindler? The answer is simple. It is his fellow-dentist. And why does the fellow-dentist "knock," when he knows it is always a boost? Simply because it hits the dentist who does not advertise in the place where he lives—

his pocketbook. Do you gentlemen suppose that any dentist would ever say a word about or give an advertising dentist a thought if it were not for the fact that the advertising dentists "get the business?" Do you gentlemen suppose for one moment that the great army of men who compose the profession of dentistry are so philanthropic and have the interests of the masses so deep in their hearts that they want to make it their particular business to inform every patient of an advertising dentist that that dentist is a swindler and a fake, and is only trying to abstract the patient's money by abstracting his teeth? I have found by experience that the acumen of the attack made on advertising dentists by the self-styled ethical men is in a direct ratio to the business which the advertising dentist obtains by his businesslike methods. In other words, it can be very accurately determined in dollars and cents.

Having reduced the reasons for the attacks of the general profession absolutely to a matter of dollars and cents, it brings us right back to the proposition that their attack is for business reasons. A business man advertises. Therefore I again say that a competent, conscientious, able dentist, who so desires and who can thereby better his business and give his patients more for their money and do better work for them, should advertise.

It has been repeatedly said by our so-called ethical brethren that a dentist who is any good will have an office of his own and not work for some one else. If that is good logic, then the editors of our great dailies are "no good," or they would have papers of their own instead of holding down the editorial chair for the owner of a paper.

It is well said that "all things come to him who waits," but I maintain that more things come to him who goes after, and advertises.

IS THIS LOGIC OR NOT?

History shows that at different stages of civilization, the people have desired different things; knowledge, pleasure, fame, service, wealth or something else, according to the popular ideas of the day. Styles in motives and ambition change as do styles in clothes. In one age the man with the greatest retinue of followers was the most adored, and hence the great ambition of men in that day was to have an army of slaves. Later, knowledge was for a time honored, and hence men then subsidized monasteries and aided artists and poets. At another time sacrifice and courage were popular, and men vied with one another to go to war or make pilgrimages to the Holy Land. In the sixteenth

century when America began to be exploited, the fashion was to help discover something. Two or three times during our own history there has been a great popular wave of patriotism when men have actually competed for an opportunity to sacrifice their lives and property for their country. Yet, now these same men will not take the trouble to vote, for the fashionable thing to-day is to acquire money. Hence we are striving to-day for wealth and in the meantime are pretending that we have it, by acting and living as the wealthy do.

Human nature has been the same in all these different periods. Man to-day is not much better or worse than during the previous centuries. In some ways we are more tolerant and less selfish, but in other ways we are less courageous and more self-satisfied. The development of different periods has depended more upon what was fashionable during the period than upon the people living at that time. When it was fashionable to produce, as during certain earlier periods of our nation's history, our ancestors strove to raise both large families and large crops; but at other times, as at present, when men are judged by what they spend rather than by what they produce, the competition has been along wasteful and unproductive lines. We do not avoid manual labor on account of the work involved, for we all realize that we would be healthier and happier working in the fields than in the skyscrapers. We avoid manual labor, because at the moment manual labor is unfashionable; it is much more fashionable to be a broker, lawyer or man of commerce.

When it is fashionable to produce instead of to consume, or to serve instead of acquire, will not our children, of their own accord, seek to produce and serve? Cannot we make greater headway by capitalizing custom than by antagonizing it? Of course, there will always be some people who will seek money, as, in every age, there have always been some people who have sought service or knowledge, but it seems very reasonable that the "fashion" could be changed so that the great majority would strive to produce or to develop rather than to acquire, consume and waste. To direct the ambitions of life along such worth while lines should be the fundamental purpose of our educational institutions.

Moreover, it is not enough to tell the children that they should be unselfish, but such teaching must be accompanied by "laboratory work" in our homes, offices and factories. Hence each of us has a responsibility in determining the "fashions" which are to influence our children, employees and neighbors, and upon which the prosperity of our industries and the stability of our investments ultimately depend.—*Selected.*

SOME OBSERVATIONS BEARING UPON THE BUSINESS SIDE OF DENTISTRY

By W. F. Whalen, D.D.S., Peoria, Ill.

DISCUSSION (*Conclusion*).

Dr. J. N. Crouse, Chicago:

The question of building up a practice and getting the fees is one that ought to interest every man. I had some experience along this line when I first went to Chicago and opened an office. I fitted up a very nice office at a great expense and went to the Briggs House to get my meals. When I went to settle my board bill, the head clerk said to me, "Mr. Crouse, are you in business here?" I replied, "No, I am not. I have had an office opened for seven weeks, and have not seen a patient, and I think I am a dentist. He said, "If I go to a good dentist he will charge so much that I cannot afford to pay him. If I go to a poor one, and let him take care of my teeth, while he may not do as good a job, his bill will not be nearly as large." I said to him: "You are just the fellow I want. Come around to my office and let me fill your teeth for you, or I am afraid I will forget how to do it." I made him a filling, went back to my lunch, and found he was back in his private office with a mouth mirror and had six of the richest men in the country looking at that filling. I had my lunch, and got away. The next day the proprietor of the hotel sent me his daughter. This was on Saturday. Sunday I went to my dinner at the Briggs House and was terribly homesick and speculated as to what I was going to do. There were two old codgers seated at my table and they were from the country. One of them broke off a big gold filling from a front tooth while he was eating his dinner and picked it out of his food. He said to the other fellow, "What will I do?" The other fellow said, "I know a dentist in Chicago who lives at his office," and he told him my name. He said, "We will go around there after dinner and he will fix it for you." That was the last I thought of it. Monday morning, when I went to my breakfast, the proprietor of the hotel said, "Crouse, come here. I want to introduce you to a gentleman." I recognized the fellow immediately as the one who broke off a filling at the table. He said, "Can you fix it?" I replied, "Wait until I get some breakfast; we will go around to the office, and I will tell you." I was very independent, although I had no sign of getting a patient except that one. In a short time I figured out who this man was. He got in the chair and said, "Can you fix it?" I replied, "Yes, sir." "Can you do a good job?" "Yes." "What

will it cost?" "It will cost $45 or $50." "Isn't that a big price?" "Yes, sir, but I left a good practice where I did not get good fees and I came here to get the fees consistent with good work, or I am not going to stay. Good work and good fees go together." He said, "There is something in that." I scratched my head, looked over my engagement book, when he said, "Can't you fix it to-day?" I studied a little longer, and then replied to the patient, "Yes, I will do it for you to-day." I did the work and got $50 for it.

I have gone into colleges frequently in the different cities when working for the Dental Protective Association and the professors have said to me "Crouse, give the students a talk," and I have talked to them on fees and how to get good fees.

The first proposition is, that whatever you, do it better than anybody else. The next point is to so treat or manœuver your patients that they will not go to anyone else; then you can get any kind of fee. It is largely a question of holding patients, and having courage enough to ask for good fees. That courage is what we lack. The members of the dental profession are cowards. They can get much larger fees than they do if they ask for them. (Applause.)

. . . . .

Dr. Truman W. Brophy, Chicago:

The question of the income of a dentist is of great importance. He must make for himself a home and provide for his family and make provision for the future. He should see to it that he has a competence for his old age, and in this connection I will say that I believe the members of the dental profession have done even better than the members of the legal profession and members of the medical profession. There are men here who will agree with me when I say that the average income of the dentist is in excess of the average income of the physician and of the average income of the lawyer. It is known that the income of the medical men generally, taking the average, amounts to less than $1,000 a year, and I do not think that the income of the lawyer is any more.

It has been said many times in my presence, and I dislike to hear this remark made because I know it is not true, that the professional man is a bad business man. Some reference has been made to that here this afternoon. Let me ask you fairly and squarely to look at this matter in the right light. You all know the records of business men show that 95 per cent. of the merchants go bankrupt. They are failures in business. You cannot find that percentage of men in our profession who are failures. The professional man, as a rule, makes for himself a home. He pays his bills, he educates his children, and he

makes provision for advanced life. If a business man fails, and he finally does recover, he is operating on money that he owes somebody else, because he is bankrupt and has not paid his debts except in part. Professional men do not do that. Professional men do not, as a rule, go into bankruptcy. We find but few of them who do, but if they practice their profession, and, as Dr. Atkinson used to say, "Hew to the line," save their earnings and invest them judiciously, they succeed. I want to protest against the statement that the professional man is a bad business man.

I believe in seeking good advice. The late John Farson, of Chicago, who was a very successful banker, on one occasion when about to board a train for New York was surrounded by a lot of newspaper reporters and was asked this question: "Mr. Farson, will you please tell us why and how you have been successful, or how do you account, in other words, for your great success in business?" Said he, "That is very easy. I account for whatever success I may have had in business in this way: by associating with the right kind of people." "Oh, yes," said one of the reporters, "that may be true, but please tell us who are the right kind of people." Mr. Farson replied, "That is easy indeed—the kind of people who know more than I do."

. . . . . .

Dr. Whalen (closing the discussion):

I feel very much pleased with the discussion which my efforts have brought forth. I expected considerable opposition, as you all well know. My aim was not to read a paper for the benefit of the men who have reached the pinnacle of fame in dentistry, scientifically, ethically, financially, and otherwise, but it was an appeal to the rank and file of the profession who are struggling to get themselves on their feet, so to speak, and they are in the majority. We have practically 4,000 dentists registered in the State of Illinois, and after several years, approximately nine years of Herculean efforts to reorganize our profession we have got the magnificent number of 1,700 into our Society, and never have we had at a State meeting an attendance which exceeded 700. Where are the other men? Are they at home investing their money? A great number of the members of our profession are not receiving adequate remuneration for their services, what has been said here about our ideals to the contrary notwithstanding. We have a duty to perform. We are going to listen to a man of eminence in dentistry this afternoon who is going to speak to us on oral hygiene, which is intended to educate the people in the care of the teeth. We are assuming an obligation in this State. He is going to start a wave rolling with renewed impetus. We have already done much work

along the line of hygiene, but it is going to come in larger and greater force, and we must assume an obligation and that obligation is going to take from us time. Men in other callings, in merchandise and commercial pursuits, indulge in charity with one hand, while with the other hand they keep on with the business in order that the money may roll in. It is not so with the dentists. It is not so with the physicians. When they engage in charity work their income ceases absolutely. The dentist does not earn a cent, and unless he is remunerated when he is engaged in duty in his office he cannot do this great humanitarian work which is before him, and no one on earth can do it but the dentist. You may talk as you please, but if we are not fed and do not receive sufficient money to properly take care of our families and lay up a competency we cannot engage in this work. Who will support us?

In Boston Forsyth left millions of dollars for charity work. In Chicago they have eleven infirmaries. Who furnished the money? Did the Chicago dental profession furnish it? No. Julius Rosenwald gave the money with which they have done wonders there. We have no endowments. Here in Peoria, Springfield and Jacksonville and other cities of the State this work is waiting, and we must do it, and unless we are supported morally and financially by the people of the various communities for whom we work and serve, we cannot engage in this work. We must demand a remuneration. You say the young man has to find out his mistake after a time. Why, in the name of heaven, must we let every young man make his mistake? Why can we not get together, have good fellowship, take the young man by the hand and assist him? He does not know much about business. We should takes these young men and assist them and put them on a firm business basis. We should assist them in the profession as well.

Much has been said here this afternoon in regard to high ideals and ethics and slams at fees. I do not want to be misunderstood. I said in my paper, and I reiterate it, that there is no one in this audience or any place for whom I would step aside or take off my hat when it comes to allegiance to the highest ideals of this profession. But I also know that I must get remuneration for my service if I want to lay up anything for the proverbial rainy day.

I think my suggestion in regard to the members of the component societies getting together is admirable. We do not want to sandbag the public, but what we want chiefly is to teach the people that the cost of production varies, that operations and service vary, and get that cost, and when we do we are making something for ourselves and our families.—*The Dental Review.*

THE EMBRYOLOGY OF A PROGRESSIVE DENTIST*

By Joseph P. Copp, D.D.S., Los Angeles, Cal.

Grub Stage—Student—State Board—Practitioner.
Chrysalis Stage—Office—Experiences—Awakening.
Adult Stage—System—Psychology—Study.

The grub stage we will not go into as we are all familiar with the student—final examination and State Board days, with all their accompanying worries.

The Chrysalis stage interests us, as that is the real make or break of a dentist or any professional man. He will either come through with flying colors or drop into a rut to be swallowed up with all other men or women of the same calibre who are too narrow to see the broad path ahead reached only by constant study where new and interesting phases of their work are continually opening up before them.

The successful candidate for State Board is the one we will follow, whether it be his first or fifteenth effort as a candidate makes no difference, as his post examination period is our theme. The problem presents—shall I go into debt and be independent; or shall I take advantage of some offer such as:

50% gross,
$100 salary net,
25% with all expenses?

The first two are definite working points and establish a man's value at once if he will but see it. The third is an insult and would not appeal to any here, I am sure. This is an offer one of my young friends received, however, and so has been inserted here.

Personally, I favor indebtedness and independence, if a young person has the backbone to stick it out. It takes unlimited patience and hard work to get sufficient practice to make expenses, but the situation may often be relieved by taking in laboratory work. This is beneficial in a number of ways—mainly it gives invaluable experience at the other fellow's expense.

Most young men when out of college and debt, at some time want and should get married. I am a firm believer in young people marrying where possible, as a person's best years physically are the early ones of his or her majority. The working together of a young couple will also make them doubly appreciate the success of their efforts when it arrives.

Our young practitioner, we will say, starts an office for himself

* Read before the Los Angeles County Dental Society, March, 1914.

supposedly at moderate rental and with a moderate equipment. His prospects are favorable for getting married when the debts are cleared, and he can show an income. Nothing will act quite so effectually as a stimulus to clear those debts as waiting to set the day. Laboratory work and long hours are nothing to the serious-minded young lover.

Our young practitioner will notice, however, that a number of patients will come in and take his time, yet not stay to have anything done. He will try his best to keep them, lowering his rate of fee and making all the inducements possible. Still they do not have work done.

It makes me laugh now to think of some of the glorious big pieces of work I looked at in that period and did not land, but had hopes of seeing come back in a few days. After the marriage there is a change, however. The change is subtle but is there sooner or later. The young man adds unconsciously more dignity, has more backbone to stand up for a fee and talk from the shoulder. He lands more cases; for behind his talk is the realization of more responsibility. There are two to feed now and clothe. Business naturally proves a trifle for the very reason of his necessity to get the money.

Being young and newly married, however, opens a new road to worry that experience will either stop or lead the two to ruin. They will live beyond their means. This means business bills will be unpaid in order to pay for amusements. A letter from a supply house couched in courteous but firm tenure will sometimes result in a rearrangement of affairs if the parties concerned are wise.

The Doctor awakens to the fact that it is poor policy to live beyond his income and to forget that credit means bread and butter and is invaluable to any business man. Nurse it at your supply house—some day it may save you considerable worry. Meet the bills of your business as you would like to have your accounts met. Remember the supply men look upon your account as you do those of your patients, cutting credit where not deserved and giving where it is met half way.

Home and other expenses increase as the young Doctor becomes better known socially among business men. He has a right to all the income he can earn to meet these increasing obligations. When he has earned it let him see to it that he gets it. The patronage of dead beats is not desired and is deteriorating to a practice. An old account is a knocker and associates with other knockers. Get them before they get you with knocks. They will respect you more for it and quit knocking for fear of giving away the fact that their bill had to be pressed.

The Doctor is gaining experience and feels very competent now to handle a practice but he doesn't have all the work he would like to have.

He meets an older man, likes him more or less, and finally arranges a partnership, thinking of the advantage of combining both practices.

Six months later he finds by a perusal of the books that he is doing 75% of the work that his partner is soldiering on him and after watching, that he is carrying on other practices in the office that would soon ruin the reputation of the best of saints. After the smoke clears away he comes to thinking—

That partnerships are a great deal easier to enter than to dissolve. That only one in ten is a success. That they should only be entered with the greatest caution. That office girls are more or less a reflection of the character of the man who hires them and should be chosen with that in mind.

He is tempted to advertise and possibly takes a chance at it with the conclusion, after he quits, that:

It is a rotten business as a whole for any self-respecting man. That the esteem of his brother practitioners and friends is worth more than the financial gain sweated out of people who can ill afford it. That the only men who advertise are those who have made a failure of private practice and have to resort to snide measures.

By this time he has covered considerable ground in his experiences and is gradually being impressed with the fact that good work combined with tact and cleanliness are the real practice builders. That the best charity he may give is his personal service to the poor individual unfortunate enough to have a toothache and an empty purse at the same time.

When he reaches the point where he realizes the above things and conscientiously tries to carry out, he is breaking through his chrysalis wall and gaining freedom as an adult. The realization that good and conscientious work is what really counts and stimulates a desire to learn of the best in all procedures.

He joins the local society in order to gain the help of his fellow practitioners. There he learns from others how to systematize his office—accounts—and energies expended; where to get in touch with the latest in technic and theory if not at hand and how to reach the kernel of an article through discussion.

Through experience and observation he has gained in poise and tact; in talking to patients, has had a good course in psychology. He has the backbone to stand up for a living fee and the experience to handle the technic, and lastly the poise to send the patient away feeling confident of his ability.

He has now, and only now, reached the point where he can handle a practice with any degree of success, and only by constant study on

his part will he stay in this position. Every man will reach his level. The studious—a higher level than the lazy or sluggish. This is a democratic age, and any man may reach the top if his capacity is great enough.

"A good business man, like a good automobile, is a self-starter."

There is only one way to success—do as much to-day as you decided yesterday to do to-morrow.

TRIES TO DO WHAT HE ADVERTISES

Editor DENTAL DIGEST:

I read five of the best dental journals published, and enjoy every one. But I seldom see an article written by dentists who say they advertise. This is a subject in which I am interested, since I am an advertising dentist. I offer no apology for the statement that I try to do an ethical practice. By an "ethical practice," I mean that I try to do just what I advertise. I feel that I am doing the right thing when I write an article in the local papers as to care of the teeth, value of the child's first permanent molar, advantages of using nitrous oxide and oxygen in preparing cavities for fillings, and (no apologies) fees for certain classes of work. I frankly admit that these ads. are put out to increase my practice (in fact I practise dentistry for my own benefit), but the benefit should be mutual with the dental profession and the laity. All colleges with which I am acquainted undertake to show the "bright side" to the prospective student, and manufacturers of our best materials and instruments take the liberty to say that the product is good. They usually state why, and many times the dentist is induced to try some instrument by nothing more than the written advertisement of the manufacturer. Many prospective students are induced to attend certain colleges by the statement made in the catalogue as to clinical advantages or some other good reason why that college excels. No mention or intimation may be made as to the poor instruction or limited clinical facilities of other colleges. What I am trying to say is simply this: We have a right to say all the good things (honestly) about ourselves, but we have no right to "knock" on the "other fellow's practice or business.

If we are benefited by suggestions from the manufacturers as to certain materials, instruments or proprietary remedies, how much more is the average layman, who is ignorant on the subject, in need of instruction.

We all have our short comings, and most dentists have one or more

strong points. If one dentist thinks the gold filling is superior to all other materials, and he feels that he is proficient in that, he has a right to say so. If a dentist thinks he can afford to place bridges at "so-and-so" (no apology) per tooth, he has a perfect right to say so. A great deal of work is mechanical, or, at least, the laity will never consider it otherwise. Many patients who are financially limited stay away from the dentist simply because So-and-so, their more favored neighbors, had their teeth treated and the expense was beyond their own reach. I am personally acquainted with patients who could not pay for a fourteen tooth bridge, but could pay for a fair rubber plate. Or they could not pay what some dentists consider their services worth, but could pay for the services of a dentist who considers that he can afford to operate for less. I believe in a graduated scale of fees, and I believe in saying so to the public. I am apprised of the fact that I will be confronted with this argument. "If a professional man has merit, the public will soon recognize it." But isn't this somewhat like the mother who said: "I don't think boys should go in the river unless they can swim?"

A. A. H.

AS OTHERS SEE US

Editor DENTAL DIGEST:

So much has been written in our dental journals about "Business," "Dentistry," "Adequate Returns," etc., that I thought the following might be of interest to your readers.

A short time ago the Green Bay (Wis.) Dental Society adopted an advanced scale of prices on several operations and published the same in a local daily. Some local wag hitched his pegasus to our schedule and came back at us with the following:

W. T. S., Green Bay, Wis.

WOE! WHY? BECAUSE

Everybody feels so bad
That the dentists are so poor,
They had to raise their rates you know
Their future to insure.

They've got to buy a block or two
Of office buildings high,
Or take a trip around the world
Before they come to die.

They are SO poor and work SO hard (?)
We sit right down and bawl,
And hope they'll raise their rates again
Before the leaves begin to fall.

And if you don't in thirty days
Pay up their double bill,
They'll add another charge or two
Their pocketbooks to fill.

The auto that they bought last month,
They find is out of style;
Another one of different shade
They'll buy and use a while.

A LETTER FROM A DENTAL SECRETARY

Dentists who are considering the advantage of employing a secretary may gain hints of value from this letter. And secretaries already employed may find suggestions for increasing the value of their services. —EDITOR.

MY DEAR ELEANOR:

You old bromide! Before breaking the seal I knew just what you had written. What a commonplace old setting you put me in: hall bedroom; furnishings—one box of crackers; surroundings—large, cold, cruel metropolis. It has been the scene of many a poor soul's disillusionment, no doubt, but yours truly must have been born under a lucky sign, because—well, first of all, I found that stenographers were most plentiful here, and was just wondering when one would hibernate and give me a chance, when I ran across Paul Hale, a budding young dentist who was in my graduating class at High. He turned up his nose when I said stenography, and to make a long story short, I found myself standing before a prominent dentist here, with Paul beside me acting as spokesman.

This dentist's assistant had just left, and Paul, knowing it, seized the opportunity for me. Imagine my astonishment when Dr. Burns agreed to try me, for I knew there must be plenty of experienced girls whom he could get, but he said he preferred training the receptive mind of a beginner to breaking an experienced assistant of ways he doesn't like. Perfectly plausible and nice for me.

Remembering that very shortly you intend choosing a "profession," and knowing that you are not familiar with this one, I am going to give you an outline of it, because I believe your quiet, observant ways and nimble fingers are well suited to this line of work.

The routine is intensely interesting. First comes the desk work, which takes up the least time but is extremely important, for as anyone knows, it would hardly pay Dr. Burns to work so conscientiously if mistakes were made in his bookkeeping which deprived him of the fruit of his labors. The phone must be answered and appointments made, intelligently arranged. As each patient enters the operating room, I put down the time in a book; when they leave, it is again jotted down, together with the work which has been done for them. This information is recorded twice again, once in a book according to date, and once on the individual card of each patient. You have seen these cards and doubtless remember that on the back of each is printed a full set of teeth. When an inlay, for instance, is put in for the patient, a "picture" is made of it, blocked in with ink, upon the

proper tooth chart, thus completing a record which often saves endless time and inconvenience. Besides this, there are the necessary adjuncts of every office—bills to be made and paid, correspondence to be attended to, checks to be tenderly cared for, and so forth.

The work in the operating room was entirely new to me, of course, and at first I thought I should never learn to distinguish between the different instruments and bottles, but a dental catalogue set me straight on that score. There are lots of little things to do about the room to keep it constantly in order, putting out fresh towels and gauze head rests and drinking cups; sterilizing instruments and keeping them polished; keeping each little bottle in its own place on a clean glass shelf, and the like.

The really important work is done at the chair, where I stand opposite the doctor and wait upon him. I get out the instruments he intends using on each particular patient and mix the alloy and cements to the proper consistency, hold the spray (and the patient's hand at times). I have done the latter when the doctor was using a mild anesthetic, which he does now and then when working on some sensitive point which would otherwise cause severe pain, and in rare instances when he does extracting. A large part of Dr. Burns' work is orthodontic, that is, the regulating of crooked teeth. My part in that, so far, has been merely to assist in making the wax impressions.

An expert assistant is a mindreader. That is, she must be able, after a glance at the patient's mouth, to get out everything necessary without being told. Needless to say, I am not that proficient yet.

As a matter of fact, my duties really end with what I have told you, and at first my only reason for entering the laboratory was to start the motor which pumps air for the spray, but upon finding that I was interested in the mysterious operations back there, Dr. Burns and his laboratory assistant both seemed glad to explain them to me, so that now (though what I have learned is not a "drop in the bucket") I can do several things quite well and can really help some in the simpler processes, so whenever there is a lull in the work at the chair I run to the laboratory for recreation.

The work there is divided into these general classes: Crown and bridge work; the making of regulating appliances; rubber plates and gold inlays. Most of this is still Greek to me, and I have taken no part in it, save to watch while Dr. Burns takes a porcelain crown, grinds and polishes it, delicately tints it to match the home-grown ones of some patient and then bakes it in his little furnace, or while his assistant tucks soft pink rubber into a plaster cast among some teeth which, when vulcanized, will form a set of "real false teeth." Nor do

I understand, as yet, the theory of bending the silver wire and soldering it to fit the plaster models made from the wax impressions heretofore mentioned, thus forming regulating appliances. There is just one thing I have attempted so far, the making of gold inlays. It is quite complicated but having done part of the work on many of them beside doing three satisfactorily entirely by myself, I feel rather elated. The steps in this process are many, and some time, if you are interested, I will explain them to you.

Dr. Burns is pleasant and reasonable about teaching, doesn't expect one to know everything the first day, and yet keeps one's mind constantly on the qui vive with new things. Another nice thing is that he doesn't expect you to be a machine. On the contrary, he calls for a good deal of thinking on the part of his assistants.

It has been rumored that in dentistry there will be a great field for women—that of prophylactic work—and who knows what may happen? For the present, however, I have plenty to do and learn here and am contented. Many thanks to Paul.

I wish you could run in and see us in our nice white rooms and spotless white uniforms. It gives such an appearance of coolness and unruffled calm, you'd be impressed.

If you are interested, say the word and I'll keep you informed; if not, then forgive me for boring you.

Yours for success,

AMY.

BINDING MAGAZINES

In order to keep my monthly magazines where they can be found at any time, I use small brads and nail them together. Thus you have each volume together in its proper order and where you want it. The advertising can be left in or removed and made into a complete volume by itself. I find this inexpensive and very satisfactory. When you see a reference that you want to reread all that is necessary is to find the magazines for that year all together, and not lost or among a number of others. Nail them as soon as read each month with three brads and you will then know where to find them.—W. B. LEE, D.M.D., Eugene, Oregon.

PRACTICAL HINTS

[This department is in charge of Dr. V. C. Smedley, 604 California Bldg., Denver, Colo. To avoid unnecessary delay, Hints, Questions and Answers should be sent direct to him.]*

To Sharpen Cross-cut and Inlay Burs.—When your cross-cut and inlay burs become dull from use in shallow cavities trim off the end on a fine lathe wheel. It destroys the end cutting but the side is just as good as a new bur would do. Don't hold too long against the stone as it will spoil the temper of the bur. I use this method with inverted cone burs when the corners get dull.—W. A. Cash, D.D.S., Butte, Mont.

Temporary Crown.—Lady presented herself late one afternoon to have a porcelain central crown replaced (having broken same eating soup); nothing in stock suited case, excepting a Steele facing which I had in stock. So I trimmed a graphaphone needle to size and cemented same into Steele facing and set with gutta-percha; this gave good service until a permanent crown was placed.—Frank B. Jahr, D.D.S., Kansas City, Mo.

Making Jackson Cribs.—*Tinning the wires*—Melt some solder in an iron spoon, dip the wires in the flux solution (zinc dissolved in muriatic acid) and pass them through the molten solder. *Soldering*—When the wires have been properly fitted and tinned, place on the model *under* the wires a piece of copper tinsel with the white side next the model and burnish it to a close adaptation. Having thus a metal base under it the solder will flow along it and along the wires very easily. If it is desired to have the solder quite thick, for greater strength, bend up the edge of the copper at that place, thus making a trough, and the solder will stay where it is wanted. If any reader of the Digest would like to try it I will be glad to send a piece of the copper tinsel on request.—D. W. Barker, 87 Lafayette Ave., Brooklyn, N. Y.

Ascertaining Perfect Cavity Preparation in Cast Gold Inlay Work.—Before taking an impression of a cavity, a good test of its correctness can be obtained by some softened gutta-percha being pressed well home, and if it withdraws without a break, then one can proceed with the wax pattern. It is most annoying, after carving up

* In order to make this department as live, entertaining and helpful as possible, questions and answers, as well as hints of a practical nature, are solicited.

cusps and getting good contact points, etc., to find that the pattern will not draw out.—*Dental Manufacturers' Quarterly.*

The Use of a Cataract Knife for Opening an Alveolar Abscess.—A cataract knife is the best instrument for opening an alveolar abscess. The point is so sharp and delicate that its insertion is practically painless as compared with knives in general use for this purpose.—*Dental Manufacturers' Quarterly.*

Amalgam, Condensation of.—For the thorough initial condensation of amalgam Dr. Bonwill's suggestion of a pledget of cotton or bibulous paper seems to thoroughly fill the bill. Properly used, it blocks the orifice of the cavity and carries the plastic amalgam under pressure into all the nooks and corners of the cavity so that it forms a foundation upon which more amalgam is readily packed. A pledget of cotton, tightly rolled, is equally efficient in forcing into a cavity a mass of plastic cement, quickly and thoroughly, especially silicate cement, which shows a disposition to adhere to the instrument rather than to the cavity walls. When the cotton is removed, apparently most of the cement comes out with it. There is left, however, a coating of cement more evenly pressed to the cavity walls than can generally be done with instruments, to which added cement readily unites. There is a little "knack" in using the pledget of cotton or paper; it is not sufficient to merely use it held by the tweezers or plugging pliers; after they have placed it in position, then use upon it a plugger or burnisher, with considerable pressure directed against the walls of the cavity. The suggestion is one of the many Dr. Bonwill gave so freely to the profession that has been forgotten too soon and by too many.—W. H. T., in *The Dental Brief.*

Sterilization of the Right-Angle Handpiece.—It is very important that the right-angle attachmnet be sterilized after each use, inasmuch as it comes in contact with the mucous membrane of the mouth and the saliva. A method which I have followed during the past five years is to boil it thoroughly in water to which has been added powdered Castile soap, about one teaspoonful to the quart. After boiling, the excess of soapy water is shaken from the instrument, and a small drop of oil placed upon the gearing. The soap prevents rust and furnishes a certain amount of lubrication for the running parts. This method can also be used for the straight handpiece if it can be detached from the engine. If there are hard rubber parts connected with either handpiece, they can be boiled for a long time without essential damage.—Wm. H. Potter, *Journal Allied Dental Societies.* (*Dental Manufacturers' Quarterly.*)

Adapting Loose Pin Porcelain Crowns.—The loose pin porcelain crowns put out by the manufacturers, when properly fitted, may be employed very satisfactorily in some cases, and in view of the fact that they are so extensively used a simple means of obtaining accurate adaptation to end of root and peripheral continuity may not be amiss. With root cut down to outline of gum the crown is ground to approximately fit. The dowel is now fitted and secured to crown gutta percha. A disk of gutta percha is placed over end of crown, warmed over flame and forced to place on root. By this means a sharp outline of root is obtained and the high places on root noted so that by repeatedly trimming off root with facer, stoning off excess of gutta percha, and at the same time grinding base of crown to outline of root in gutta percha a good fit may be had in a few minutes.—F. E. Roach, D.D.S., in *Dental Summary.*

A Method of Anchoring a Large Amalgam Filling.—In large amalgam restoration when the life of the pulp has been destroyed a rapid and convenient method of anchorage can be obtained by the use of a one-quarter-inch "oo" wood screw. These screws (one or more) to be screwed into the root canal, using a broken instrument properly shaped as a screw driver. The screw cuts its own threads in the root canal and may be covered with cement.—R. E. Luther, DD.L., Batavia, N. Y., *Dental Review.*

QUESTIONS AND ANSWERS.

Question.—In regard to the article in April Digest (under Practical Hints), on root canal work, I would like to place myself again in the student rank and proceed to ask questions: 1. What do you use to devitalize with, arsenic or pressure? 2. If arsenic, how long do you allow it to remain in tooth? 3. Why do you only fill apical of canal with gutta-percha and the rest with oxychloride of zinc cement? How many treatments after the removal of pulp do you make? I think I overtreat sometimes.—M. J. R., Anderson, Ind.

Answer.—1. I usually use cocaine and pressure for devitalizing.

2. When I do use arsenic, however, I allow it to remain in the tooth from forty-eight hours to one week and then generally find some life remaining toward apical third of canals when I attempt to remove the pulp.

3. I fill apical portion of canals with gutta-percha and remaining portion with oxychloride of zinc cement because I think it is very difficult to carry the cement to the apex, especially in upper teeth, and also because the cement is more of an irritant if carried beyond the

apex into the peri-apical tissue. I use it at the pulpal orifice of canals because I believe that it more effectually seals the canals against bacterial invasion at its most vulnerable point. I have removed gutta-percha canal fillings where the canals had been thoroughly opened and well-filled, that were foul and permeated with putrescent matter; and I have seen others that have been imperfectly cleansed, but the pulpal orifices sealed with oxychloride cement, that were sweet and wholesome. (This is not stated, however, as an argument in favor of carelessness, in cleansing canals.) I frequently, where I think the orifice is so small that there is no danger of forcing the cement through, pump soft cement into the canal with the twist broach rotated backwards, and while it is still soft insert my canal point, which is the same size as reamer used.

4. I see no reason for more than one sedative dressing after the removal with cocaine and not anywhere arsenic has been used, if the canals are dry and there is no soreness.—V. C. S.

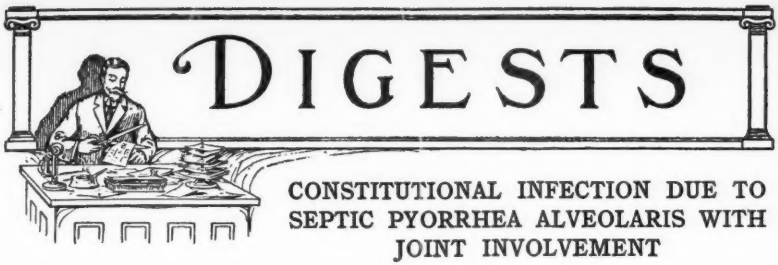
Question.—I have a case which I would like to cite to you and would like to see some reply in the DIGEST.

An oldish lady came into my office a few days ago wearing a full upper and a full lower plate. She complained of sudden, severe twinges of pain, along the left side of her superior maxilla along the gums. She replied to my questions that she had been treated internally and locally for neuralgia. The upper plate was made over a few years ago in order to overcome the pains. There is no pressure on vaso-palatine nerves and the plates seem to fit very well. Patient has left plates out for a week at a time, but with no relief. I was obliged to tell her that I didn't know the cause.

Is this a physician's job or a dentist's? If a physician's, why no relief?—R. C. M., North Berwick, Maine.

Answer.—It seems to me that the case here described is plainly and purely a physician's job. "And why no relief"—it is beyond me to state; perhaps she has the wrong physician, possibly it is beyond the best of them.

I have a patient with one of the worst upper mouths I ever saw for a plate. He had had about a dozen made before he came to me; and although he says the one I made him is the best yet, still he will never be one of those who can honestly say that their plates give them more comfort than their own teeth ever did. His teeth were all good, he tells me, and were extracted by a dentist at the suggestion of a physician to cure neuralgia. He still has the neuralgia the same as ever, though he continues being treated for it by the best physician in the country.—V. C. S.



CONSTITUTIONAL INFECTION DUE TO SEPTIC PYORRHEA ALVEOLARIS WITH JOINT INVOLVEMENT

By Harry A. Goldberg, D.D.S.

Visiting Dental Surgeon to the Hospital for Deformities and Joint Diseases, New York City.

CASE REPORTS.

Case 1.—Mrs. S. Case referred to the service of Dr. Henry W. Frauenthal by Mr. Lewis Straus, a director of the hospital. Patient had been treated in several institutions previous to admission to the hospital for rheumatism without any benefit whatever. Her pain was so acute that she attempted to commit suicide twice, having been informed that her condition was chronic and would never improve, but on the contrary would gradually grow worse. Owing to the condition of her gums, Dr. Henry W. Frauenthal made a diagnosis of joint condition due to septic pyorrhea alveolaris and with no other treatment but the correction of the mouth infection, as done by myself, an arthritis involving both knees, left ankle, right wrist and elbow, cleared up in ten days, and at the end of three weeks patient was discharged cured. Her temperature varied from 98 degrees to 102 degrees F., with a corresponding pulse. This condition extending over a period of nine months, responded to treatment in ten days.

Case 2.—Mrs. M., age 36 years, was admitted to the Hospital for Deformities and Joint Diseases in June, 1913. Dr. Henry W. Frauenthal, physician and surgeon-in-chief of the hospital, made the diagnosis of a pyorrhea alveolaris arthritis. The patient was confined to bed because she could not walk; all her joints were swollen. The gums and teeth were treated and after the first week the patient was very much improved, the inflammation left the joints and patient wanted to return home, but Dr. Frauenthal thought it best to keep her under observation for two weeks more, which he did to see if there would be any recurrence of the disease, and at the expiration of the second week patient was discharged cured.

Dr. Henry W. Frauenthal has had a number of similar cases and all have responded to dental treatment.

Case 3.—Mr. F. H., age 9 years. Patient referred to me by Dr. Henry W. Frauenthal. Boy experienced severe pains in his joints and

calf of his legs while walking. An examination of his oral cavity disclosed abscessed teeth and broken down tooth structures. Teeth were treated by me while Dr. Frauenthal took care of his system; at the end of the second week, boy felt fine and could walk and run without any discomfort.

Case 4.—Mrs. S. R., aged 23 years, married. Was referred to me by Dr. Henry W. Frauenthal at the Hospital for Deformities and Joint Diseases. Diagnosis suggested by Dr. Frauenthal was infectious arthritis due to pyorrhea involving the left shoulder and elbow joint. Patient could not move forearm without experiencing severe pain. An examination of the oral cavity revealed a pyorrhea and five ill-fitting gold crowns. Removed the crowns and found teeth abscessed. Treated teeth, gave patient high frequency current, and after two weeks' treatment, all pain disappeared. The teeth responded to treatment.

Case 5.—Mrs. S., 34 years old, was referred to me by Dr. Herman C. Frauenthal of the Hospital for Deformities and Joint Diseases. The diagnosis suggested by Dr. Frauenthal was infectious arthritis due to pyorrhea. This case was referred to Dr. Frauenthal by a physician,* who advised the extraction of all of the teeth. Patient came under my observation on November 21, 1912, and presented a severe pyorrhea alveolaris arthritis; her knee, hip and finger joints were swollen, she using crutches to support herself. An examination of the oral cavity showed a severe pyorrhea with three ill-fitting bridges. Dr. Frauenthal and myself treated the patient and by the end of the third week, patient could walk. No teeth were extracted, the pyorrhea was arrested, the teeth tightened firmly, permitting new bridge work, and patient was discharged in May, 1913. The treatment was the same as previously described.

Case 6.—Mrs. B., aged 35 years, came to my office April 25, 1910, presenting a very severe pyorrhea alveolaris arthritis with her fingers and knee joints swollen. She had been discharging pus for 15 years from her gums. Her teeth were very loose, breath fetid. She had been to a number of physicians who regulated her diet, saying she had rheumatism; one doctor examined her oral cavity and advised her to see a dentist. The dentist whom she visited suggested having all her teeth removed. She had four extracted that were very loose and, as she described them, perfectly good teeth, she could not understand why such teeth could not be saved, for none of them had cavities. We very seldom find cavities in teeth affected with pyorrhea.

The teeth were thoroughly cleaned, injection of peroxide of hydrogen into the pus pockets, followed with a saline solution, tincture of iodine

* Case 5 was referred to Dr. Herman C. Frauenthal by Dr. George W. Jarman.

being applied to the gums and the high-frequency current given. On June 7, 1910, the patient was discharged. The systemic symptoms cleared up while treating her teeth. Saw patient in November of the same year and she felt very well. In June, 1911 and 1912, she had her teeth cleaned and her gums were in very good condition. Her joint affection has never returned.

Case 8.—The second case had suffered from undefined ill health for two or three months, systemic temperature observations showed the presence of slight daily fever, normal temperature in the morning 99.5 to 100.5 degrees F., in the late afternoon; an unrecognizable tuberculous infection was feared. Here, too, there was a suspicious oral history and there were local signs in the form of a moderate gingivitis and a pyorrhea alveolaris. A thorough investigation and treatment of the oral conditions were rapidly followed by the complete disappearance of the constitutional symptoms and by a return to the usual health.

These cases prove that before a diagnosis is suggested in cases where there is a question, a thorough examination of the oral cavity is advisable.

. . . . . .

Conclusion.—In conclusion, I would call the attention of physicians and dentists to the frequency of constitutional infection from septic pyorrhea alveolaris, resulting in joint involvement, which, no doubt, is often wrongly diagnosed as rheumatism and treated as such, without result, while if the cause is recognized and the source of infection in the teeth treated, a speedy and successful result is obtained.

THOUGHT AND CHARACTER

There is a great deal of double-dealing in human life. We each of us have two selves—the life which we live in the sight of men, and the life which only God and ourselves know of. Most of us give a good deal of thought to the ordering of the external self, with which we face the world. We know how important it is for our own success and happiness to stand well with our neighbors and keep their respect; but the inner life, alas! we do not think so often about that. That side of ourselves is often left very much to take care of itself. And yet nothing is more certain than that the two selves cannot be kept apart, and that it is the inner self which really makes the outer. It is our leisure thoughts which ultimately determine our characters.—Dean Inge—*The Guide Post.*

STOMATITIS ULCEROSA*

(Vincent's Angina)

By Henri Letord, D.D.S., El Paso, Texas.

The condition about which I have the pleasure of speaking to you this evening is one that goes under a variety of names, any one of which might have been selected as the title of this paper. I chose Stomatitis Ulcerosa because this name well describes the condition, and because a D.D.S. is supposed to know something about all forms of stomatitis, and therefore I shall not be presuming in speaking to you upon Stomatitis Ulcerosa, whereas, if I called it Vincent's Angina, as I should prefer to do, I might be getting beyond the limits of my specialty and encroaching upon the domain of that of the nose and throat. However, as the name Vincent's Angina is rather well established in medical nomenclature and as the pathology of this disease and of Stomatitis Ulcerosa is exactly the same, except as each is somewhat modified by the individual anatomical peculiarities of the tissues involved, I shall henceforth refer to the disease as Vincent's Angina, notwithstanding the fact that the dictionaries define Vincent's Angina as an inflammation of the tonsils.

I have selected this disease as the subject of my essay because it is a disease that is but little known, and therefore is apt not to be correctly diagnosed, while an early diagnosis is important for the patient, as the onset of the disease is often both sudden and violent, so that a very considerable and irreparable injury may be done unless prompt remedial measures are begun.

Until very recently both dental and medical literature has been almost dumb upon this subject. In the text-books there was a slight reference to Vincent's Angina as an ulcerating infection of the throat, which was interesting chiefly because of the ease with which it might be mistaken for diphtheria. During the past few years, however, the disease has been coming in for an increased amount of attention, and at least two reference books of 1912 describe it, while two excellent journal articles also appeared last year. Besides this there have been numerous papers in the more specialized and scientific publications, where they are practically hidden away from the great majority.

A patient presenting with this disease will complain generally of intense, aching pain of the teeth and jaw. This has been the most prominent and most constant symptom in about ten cases that I have treated. As a rule they will complain also of the constant presence

* Reprinted from El Paso County Medical Society.

of blood in the mouth. They will also frequently tell you that they have exhausted their knowledge of household remedies without any relief whatsoever. Upon examination, the first thing noticed is apt to be an awful fetor of the breath that is likely to stagger you if you get a good, strong, and unexpected whiff. In some cases this fetor is so strong as to fill the room, and you can make a tentative diagnosis without hardly looking at the patient. In other cases this fetor is not nearly so marked, though I have not seen a case in which it was not present, at least in the early stages when the physician is most likely to be consulted. This odor seems to be a characteristic stench, once smelled never to be forgotten. There are several causes of fetid breath, and prominent among them is pyorrhea, the odor from which is often almost nauseating. But there is a distinctive feature about the fetor of Vincent's Angina that nothing else seems ever to approach.

Upon looking into the mouth, you may expect to see anything from one or two small, crater-like ulcers of a grayish color to any number of either single or coalescing ulcers of irregular shape and angry look. These ulcers in the mouth seem to start always at the summit of a papilla of gum between two teeth and to spread deeply into the tooth sockets much more rapidly than laterally over the gum surface. These ulcers are covered with a tough, grayish membrane of necrotic tissue which may easily be scraped off, except that it has a tendency to cling at points about the edges, leaving an intensely red and bleeding surface. After removal, a new membrane quickly forms, sometimes in an hour or two. The rapidity with which this membrane forms seems to be a sort of an index to the severity of the attack. I have noticed that the first sign of improvement after beginning treatment is failure of this membrane to cover more than the edges of the ulcer after several hours and that further progress in the treatment is marked by its complete disappearance. The grayish color of the ulcer is often tinged with yellow or green, which fact is due probably to the accidental presence of saprophytes.

The onset of this disease is often very sudden and severe. A patient may retire at night apparently in his usual health and awake, after a somewhat restless night, with an excruciating pain in his jaws, with blood oozing from his lips and with a considerable area of gum tissue stripped, or loosened from the bone by a foul and deeply penetrating ulcer. More often, however, the onset is not so sudden, the disease requiring two or three days to reach such a condition that the patient becomes alarmed for his future welfare. Whether the onset is rapid or comparatively slow the ulcers quickly penetrate into the tissues between and around the teeth, causing extensive distinction,

so that one or several, or even all, the teeth become very loose and, unless the disease is promptly checked, slough out or become so hopelessly damaged as to require extraction. A striking peculiarity of this condition is that there is but very little swelling around the ulcers and the tissue between adjacent ulcers appears absolutely normal; and as this is an intensive infectious disease we would expect always to find a considerable lymphatic enlargement, while as a matter of fact I have seen the glands more than slightly enlarged, and in some cases they were not perceptibly so at all.

The ulcers are not always confined to the gums, but may spread to the palate or cheeks, and perhaps to the tongue, although, personally, I have never seen that organ attacked, not even when exposed to ulcers on every side. It is possible also that the infection may jump to the tonsils, but I do not know of a single case in which both the gums and the tonsils were involved at the same time.

Some of the mild attacks of this disease seem, after two or three weeks, to drop into a sort of chronic condition in which the ulcers disappear and the intensity of the symptoms abates, leaving no signs except some soreness or looseness of the teeth and some pockets about the teeth which resemble somewhat pyorrhea pockets, except that the edges, instead of being soft, spongy, swollen and moist, with more or less pus in them, are hard, tense, dry and turned in as if drawn down by cicatricial tissue, as they probably are. These pockets, which are especially liable to occur near some mechanical irritant about the teeth, such as a cavity, a bit of calculus, or an unfinished filling or crown, may harbor the germs of the disease for long periods and serve as a breeding ground from which future and recurring outbreaks may take place. The severer attacks seem to go from bad to worse, with increase of pain, inability to eat, rise of temperature and spreading of the ulcers, until the condition of the patient may become quite alarming, and there is no telling where such a case might end if allowed to progress, but probably, like a case of cancrum oris, to which it is doubtless close akin, would gather virulence as it went and result in death.

Many writers are of the opinion that this disease is mostly confined to infants, and especially to those who are poorly nourished and who live in unsanitary surroundings. This is to be expected and is no doubt the true condition, yet, because of my limited field of observation, all my cases have been adults, all males but one, and people of at least moderate means and who took at least average care of the mouth.

Whatever the modifying influence may be, the cause of the disease is now established beyond a doubt to lie in a double infection of a fusiform bacillus and a spirochæta, commonly called Vincents spiro-

chæta. Whatever it is, one or the other, or the combined action of both these micro-organisms that causes the disease, is not known at present, but probably will be known before long, as several bacteriologists are now working on the problem.

In making a diagnosis, the findings of these two organisms in a smear made from an ulcer is a great and positive aid, though the clinical picture of the ulcers, together with the peculiar fetor of the breath and the great pain, which is often out of all proportion to the size of the ulcers, is generally sufficient to make the diagnosis clear. In drying a smear on a slide for microscopical examination the characteristic odor will often become very evident when it was too slight about the mouth to attract notice. The fusiform bacillus is easily found after straining, but the spirochæta, while of ample length, is very slender and will be missed unless looked for carefully.

In the treatment of this disease, of course, the general condition, especially the bowels, must receive prompt attention first and then the local condition. Until recently, when I had the good fortune to stumble upon a remedy that has so far proved almost a specific in handling these cases, great difficulty was experienced in getting them under control. Almost every possible antiseptic and stimulating lotion was used as a mouth-wash, with very unsatisfactory results from all of them. The most curative results I had by clearing the ulcers thoroughly with peroxide of hydrogen on a swab and then painting with tincture of iodine. Even with this treatment the ulcers were often exceedingly and discouragingly slow to yield and the pain remained so severe as often to require an anodyne. A little over a year ago I was making tests of sodium perborate when a case of Vincent's Angina presented for diagnosis and treatment. From what little I could learn about this disease at that time I thought perhaps sodium perborate would be a proper remedy and decided to try it. You cannot imagine how happy I was, after the long and tedious contests I had had with previous cases, to find the course of this case arrested at once and the pain banished as if by magic. The results seemed too good to be true, and not until I had had a similar result in several more of my own cases, and heard the report of the same result in some cases in the hands of my friends, would I believe it. I remember distinctly the second case in which it was used. The patient was a private in the army, and in three days he had not eaten, nor had he slept for three nights, so intense was his suffering. The usual remedies, such as would be applied to any stomatitis, had been given him without result. Not only were his gums covered with ulcers all around, above and below, but the cheeks, too, were involved. On the left side there was

a patch as big as a silver dollar. His mouth was thoroughly washed with sodium perborate solution driven with a compressed air sprayer, and he was given some of the powder to use in water as a mouth-wash. When he reported the next day, he said that fifteen minutes after leaving the office he was asleep on the street car going back to the Post. From this time until the last time I saw him, about a week later, he remained free from pain and the ulcers rapidly healed. The micro-organismal combination causing the disease has several times been reported as anaerobic, and anaerobic it no doubt is. If so, the action of sodium perborate becomes easily explained. Sodium perborate, when added to water, gradually decomposes and liberates hydrogen peroxide, which in turn gives up oxygen that destroys the micro-organisms. I am completely at a loss to explain the remarkable pain-relieving properties.

Naturally, after the acute symptoms are checked, it is essential to a complete cure for a dentist to go thoroughly over all teeth, removing tartar, sterilizing and filling all carious cavities, and completely removing every rough place that might act as a shelter for a colony of bacteria.

As a result of the distinction of the tissues between the teeth, pockets are formed, which, according to their depth, remain a constant source of annoyance to the sufferer and a constant pick-up for food particles. Unfortunately these pockets cannot be completely eradicated, and so they leave the way open for infection about the teeth roots, which infection is almost sure to take place sooner or later, and, having taken place, to become chronic and end in a pyorrhea alveolaris, which soon ends the tooth. Most of my patients with Vincent's Angina have lost at least one tooth; some of them have already lost several, and, what is worse, will lose more, as the alveolar process about some of the teeth are so badly damaged that the teeth will not long be able to stand the strains of mastication.

In closing, gentlemen, allow me to implore you, when you see a case of Vincent's Angina in the mouth, for the sake of the future comfort of that patient's mouth, which means so much to his entire bodily health, put him on sodium perborate, a teaspoonful in a half glass of water as a mouth-wash every hour, and when the acute symptoms are somewhat abated, send him to his dentist for the removal of all possible mechanical irritants from the mouth.

REGISTRATION OF DENTISTS IN CEYLON

(Consul Charles K. Moser, Colombo.)

The Ceylon Government Gazette for February 13, 1914, contains the draft of a proposed ordinance to be passed providing for the registration of dentists in the island. The ordinance is drafted along the same lines as an ordinance already enforced providing for the registration of physicians and is the first restriction proposed against the indiscriminate practice of dentistry in the colony.

It is provided that the registrar of the Ceylon Medical College shall keep a register of dentists qualified to practice their profession in the island, and no person shall be registered unless he produces:

"(1) In the case of a person claiming to be qualified under any act of the United Kingdom, an affidavit as to his license from a recognized college or dental institution in the United Kingdom. He must further show that his name appears in the dentists' register most recently published under any act of the United Kingdom, or he must produce to the registrar a certified copy of his name in the original register or branch register of the General Medical Council. (2) In the case of a person claiming to be qualified otherwise than under any act of the United Kingdom, he may be registered provided he produces a certificate of the Council of the Ceylon Medical College that he is duly qualified to practice."

STATUS OF AMERICANS.

In the latter case, which affects Americans and other foreigners wishing to practice in the colony, the Council of the Ceylon Medical College will only grant him a certificate entitling him to registration when it is satisfied that he is of good character and has passed through a course of study and examination prescribed by the council, or after he has submitted his diploma or other certificate of his qualifications to the approval of the council. It may further require his sworn declaration before a justice of the peace of the authenticity of the certificate and of the right of the holder to practice under it. The fee for registration is 5 rupees ($1.62), and he may insert any additional qualifications beyond those demanded in the register for an extra payment of 15 rupees ($4.87). Dentists in the British Army and Navy are deemed to be registered.

The council is empowered to publish in the Government Gazette from time to time what diplomas or certificates it will consider sufficient for registration, and if the council is not satisfied with the

diploma or certificate of an applicant or with his character or with his other evidences of qualification, the whole case may be submitted to the governor of the colony, who, with the advice of the executive council, shall finally decide the applicant's right to registration. A registered dentist may be struck off the register if he is afterwards convicted of any indictable offense or is considered by the Council of the Ceylon Medical College to have been guilty of infamous conduct in any professional respect. All decisions of the council in such matters are appealable to the governor, acting with the executive council. Fraudulent attempts to procure registration, or false representation, is liable to punishment by a fine and an imprisonment which may extend two years. Persons attempting to practice dentistry or publish any words tending to lead the public to the belief that they are entitled to practice dentistry are liable to a fine not exceeding 200 rupees ($64.89).

The new ordinance will come into force at a date not less than six months after its passage, but resident dentists shall have the privilege of registering immediately.—Daily Consular and Trade Report No. 79, April 4, 1914.

FINDS GERM OF PYORRHEA

DR. M. F. BARRETT ALSO ANNOUNCES CURE TO PENNSYLVANIA DENTAL SOCIETY

Philadelphia, July 1.—The germ which causes pyorrhea and a cure for the disease have been discovered by Dr. Michael F. Barrett of this city, according to an announcement made here to-day at the annual meeting of the Pennsylvania State Dental Society.

Dr. Barrett, who described his discovery in a paper read before the association, said the germ was an animal organism similar to that which causes dysentery. Emitine, a component part of ipecac, which Dr. Edward Vedders, by experiments in the Pasig River laboratory in the Philippine Islands, discovered to be a cure for the latter disease, was used successfully by Dr. Barrett in the treatment of forty-six cases of pyorrhea in the Philadelphia Hospital.

In his experiments leading to the discovery of the germ, Dr. Barrett was assisted by Dr. Allen J. Smith, discoverer of the hookworm, who is now Professor of Tropical Diseases at the University of Pennsylvania.—*N. Y. Times*, July 2, 1914.

BAD BOYS NEED DENTIST

JUVENILE ASYLUM HEAD BLAMES DEFECTIVE TEETH FOR ABNORMALITY

Charles D. Hilles, President of the New York Juvenile Asylum, in a report of that organization, says that the abnormal boy of the type that comes to the public institutions for care needs little more than a dentist to restore him to a condition where he can make his own way.

"Acting on the premise that the bad boy is generally a sick boy," says Mr. Hilles, "we determined some time ago to maintain a thorough physical study of the youngsters sent to us. Sixty-five per cent. of them were anæmic, the result of poor food and irregular habits of living. To this half-starved condition could be attributed the waywardness and apparent viciousness of the boys. Their low stage of physical development had made them careless. Physically their fiber was weak; their mentality and morality suffered accordingly.

"Then we went further and sought for the physical cause of the anæmic condition of our charges. We found that more than 90 per cent. of the boys, and they were all under 15 years of age, came to us with bad teeth. For years those boys had not been able to chew their food properly. They had acquired the habit of bolting everything they put into their mouths.

"Immediately upon admission to the Children's Village the boy is sent to the dentist, who makes a searching examination of his teeth. All possible repairs are made; finally there is a thorough cleaning of the teeth. Then the boy is sent to his room armed with a toothbrush and with paste. He experiences so much relief and experiences it so quickly that almost always the boy is glad to give to his mouth and to his teeth the necessary attention. Regularly every six months each boy in the village visits the dentist. Never again so long as he is with us is he permitted to suffer because his teeth lack attention. I believe that we are right when we say the dentist is the greatest influence for good known to us. More than 90 per cent. of our boys make good and are successful after they leave us."—*The New York Times.*

A REPLY TO "A NORTHWEST DENTIST."*

Heat your surplus gold, after casting, and immediately place it in hydrochloric acid and let it remain for some time, afterwards washing off with a solution of soda, and you will find the gold will flow as readily as at the first casting.

WILBER R. WILSON, D.D.S.

Chicago, Ill.

* July DENTAL DIGEST, page 421.

BOOK REVIEWS

ANATOMY, DESCRIPTIVE AND APPLIED. By HENRY GRAY, F.R.S., Fellow of the Royal College of Surgeons; Lecturer on Anatomy at St. George's Hospital Medical School, London. A new American from the eighteenth English edition. Thoroughly revised and re-edited, with Basle Anatomical Nomenclature in English by ROBERT HOWDEN, M.A., M.B., C.M., Professor of Anatomy in the University of Durham, England. Illustrated with 1126 engravings. Lea & Febiger, 1913, Philadelphia and New York.

Gray's Anatomy is familiar to all dentists, and needs no extensive mention to bring it before the profession. In this new edition the modification in the text is the use of the Basle nomenclature; in most cases the English translations of the Latin terms are employed. The whole text has been thoroughly revised and in some cases rewritten. The notes on Applied Anatomy have been revised by A. J. Jex-Blake, M.A., M.B., B.Ch., F.R.C.P., Assistant Physician to St. George's Hospital, London, and W. Fedde Fedden, M.S., F.R.C.S., Assistant Surgeon and Lecturer on Surgical Anatomy in St. George's Hospital, London, Eng.

The volume contains a large and intelligently arranged Contents; besides this, there is an Index of 44 pages fully cross-referred. This is a great boon, an immense saver of time to the busy student.

The book is substantially bound.

BOOKS RECEIVED.

PRINCIPLES AND PRACTICE OF OPERATIVE DENTISTRY. By JOHN SAYRE MARSHALL, M.D., Sc.D. (Syr. Univ.). Fourth edition. J. B. Lippincott Company, Philadelphia and London.

THE GUIDE POST.

We have received the initial number of this magazine which is published by the Ransom & Randolph Co.

The publishers desire to make this little magazine of benefit to the dental profession and a "welcome guest in every office," and certainly it is welcome to the office of the DIGEST. One could hardly look for anything else but an interesting journal from the well-known publishers of our old friend, THE DENTAL SUMMARY.

If the succeeding numbers are as interesting as the first, THE GUIDE POST will be welcome in many dental offices.

George Edwin Hunt, M.D., D.D.S.

Just as this issue of the magazine is going to press, a telegram brings word of the death of Dr. Hunt, at Indianapolis, July 11th. He had just returned from Rochester, N. Y. While there he had not been well, but even those closest to him did not anticipate any serious results.

I have not the data at hand from which to write a proper appreciation of Dr. Hunt's life and work. My acquaintance with him has been much less extensive than I wished because we were widely separated in space, and both too closely chained to our tasks to be able to do more than the essential things. I have long admired his literary skill. He had an inimitable natural style and a constantly flowing vein of humor which delighted all who read, and induced many to read who would not otherwise. Only those of us who are compelled to write constantly can appreciate its value. I wish that he might have bequeathed it to some of us who must yet toil awhile.

Dr. Hunt's most widely known work was doubtless the editorial conduct of the magazine *Oral Hygiene*. Confronted with the task of making a magazine which deals with only one subject, interesting, he has accomplished it so well, that it is read wherever the English language is spoken and translations of it are now being made into other languages.

As a guest at a recent Alumni Association Meeting, I got a glimpse of his work as Dean of The Indiana Dental College, and just an inkling of his influence as it flowed out through this channel. For the strong teacher gives more to the student than the lessons he teaches from books. Something of the strong man passes to the student during their intercourse, and the student carries away something which was not put into words, but which abides long after the technical lessons are forgotten. I saw then that Dr. Hunt had been an inspiration to the teachers associated with him and to the students who have gone out from him. And in ways which no man could explain, his influence on the conduct of his chosen profession will endure for many years.

I don't think of death as I once did, that it ends all life and the dead go to some far distant Heaven for eternity. I believe that that which makes us individuals, which gathers us the particles of dust that form our frame and gives them intelligence, lives on, and that it knows what goes on here in our daily lives. I believe that after the change we call death, we can look back on the work we have done and appraise it as good or ill.

If such is the case, Dr. Hunt can look on a life spent in the service of his profession. He can see that on all with whom he came into personal contact he exerted a helpful influence and that in the sight of others he bore always the standard of good service to mankind through the activities of his profession.

Dr. Hunt is gone, but his helpful influence lives on.

George Wood Clapp.

SOCIETY NOTES

IOWA.

The next meeting of the Alumni Association of the Dental College of the State University of Iowa will be held at Iowa City during the Homecoming week on October 22-24, 1914.—JOHN VOSS, Iowa City, *Secretary.*

MINNESOTA.

The next meeting of the Minnesota State Dental Association will be held August 6-8, 1914, at Duluth,—BENJAMIN SANDY, Syndicate Building, Minneapolis, *Secretary.*

NORTHERN INDIANA.

The next meeting of the Northern Indiana Dental Society will be held August 28-29, 1914, at Culver, Ind.—A. VAN KIRK, *Secretary.*

WEST VIRGINIA.

The next meeting of the West Virginia Dental Society will be held August 12-14, 1914, at Huntington, W. Va.—A. C. PLANT, 802 Schmulbach Bldg., Wheeling, W. Va., *Secretary.*

OPENS AUG. 30TH. 1915

The Panama Pacific Dental Congress is particularly fortunate in having secured space for its meeting in the new Auditorium in San Francisco, as this building, which will be ready for occupancy in December next, will be one of the finest Auditoriums in the world. It covers an entire city block, and contains every modern convenience for the use of societies and conventions. Its main hall will seat 12,000 persons; 6,000 in the balcony and 6,000 on the floor. The latter space, 198 x 200 feet, will be occupied by the exhibits of dental and pharmaceutical goods, and some of the general sessions of the Congress will be held in the balcony, the exhibit hall being closed to visitors during these sessions.

Besides this main hall, the Auditorium contains six halls with a seating capacity of about 1,200 each, and four with a seating capacity of about 500 each. Enough of this space will be at the disposal of the Congress to accommodate the Oral Hygiene and other educational exhibits, the clinics and meetings of the various sections, and space will also be provided for the special meetings of the societies which will meet here as a part of the Dental Congress.

The Auditorium is located in the center of San Francisco, within eight blocks of all the leading hotels, and may be reached from the Exposition grounds in about ten minutes by either one of two direct car lines. The cars on Market Street, the main street of the city, go direct to the Auditorium.

No Dental Congress ever held has had such good accommodations, and the fact must not be overlooked that all its sessions, clinics and exhibits will be held in one great building, easily accessible from every part of San Francisco.

TO THE DENTAL PROFESSION OF AMERICA.

The committee appointed by the Ohio State Dental Society at the 1909 meeting, for the purpose of raising funds for an American Memorial to the late Dr. W. D. Miller, desire to make the following report:

Funds have been received from the following States: Alabama, $25; Arizona, $25; Arkansas, $50; California, $60; Colorado, $82; Connecticut, $50; Georgia, $60; Illinois, $531; Iowa, $200; Indiana, $75; Kansas, $134.50; Kentucky, $105; Maine, $25; Massachusetts, $100; Michigan, 300; Minnesota, $100; Missouri, $100; Montana, $15; Nebraska, $100; New Hampshire, $25; New Mexico, $25; New York, $125; Ohio, $1,303; South Carolina, $25; North Dakota, $50; South Dakota, $15; Oklahoma, $31; Oregon, $50; Pennsylvania, $20; Tennessee, $50; West Virginia, $25; Washington, $50; Wisconsin, $25; Wyoming, $10; Texas, $50; Utah, $14; Vermont, $20; Virginia, $50. Total, $4,300.50. Interest on this fund to December 1, 1913, amounts to $382.94, making a total in the hands of the treasurer, Dr. Weston A. Price, $4,683.44. Florida and Mississippi have each voted $50, but the amounts are not in the treasurer's hands at this date.

The Memorial will consist of an 8-foot bronze statue of Dr. Miller mounted on a 7-foot granite pedestal to be placed on the lawn of the public library, the most appropriate site in the city of Columbus, the capital of Dr. Miller's native State. Suitable tablets will be prepared, and it is the desire of the committee to state on one that the monument is erected by funds from every State in the Union. If your State is not represented in the above list, we want your co-operation in placing it there.

It is hoped that sufficient funds ($5,500) will be in the treasury that steps can be taken at once towards the construction of this memorial, that it may be finished and ready for unveiling at the 1915 meeting which will be the 50th anniversary of the Ohio State Society. The valuable co-operation of the Honorary Committees in the several states is hereby acknowledged; they have made this memorial a reality.

Other professions have done honor to their distinguished dead, let us do the same for Dr. Miller, whose life was one of unselfish devotion to the scientific advancement of dentistry.

EDWARD C. MILLS, *Chairman*,
J. R. CALLAHAN,
S. D. RUGGLES,
Committee.

PATENTS

1,081,307, Interchangeable artificial tooth, J. W. Ivory, Philadelphia, Pa.
1,081,785, Tooth-powder container, W. G. Steadman, Jr., Southington, Conn.
1,082,041, Tooth brush, N. E. Paine, West Newton, Mass.
1,082,365, Manufacturing artificial tooth fronts, T. Steele, Columbus, Ohio.
1,082,366, Interchangeable tooth, T. Steele, Columbus, Ohio.
1,082,052, Instrument for recording changes in tooth regulating appliances, R. H. Strang, Bridgeport, Conn.
1,082,482, Apparatus for heating nitrous oxid administering appliances, C. K. Teter, Cleveland, Ohio.
1,082,058, Casting artificial teeth, H. A. Wienand, Frankfort-on-the-Main, Germany.
1,083,893, Dental pin for artificial teeth, H. A. Edwards, London, England.
1,083,527, Dental forceps, B. Feldman, Perth Amboy, N. J.
1,083,465, Dental sterilizer, S. O. Sawyer, Traverse City, Mich.

1,083,766, Keying connection for dental brushes, P. N. Souzon, Philadelphia, Pa.
1,083,509, Dental impression tray, S. G. Supplee, New York City.
1,083,770, Tooth cleaning instrument, G. W. Swope, Norfolk, Va.
1,080,261, Automatic dental blower and syringe, I. W. Bush, North Carroll, Miss.
1,085,535, Support for dental face bows, F. H. Brown. Lebanon, N. H.
1,085,574, Single delivery holder for toothpicks, etc., R. C. Bryant, Clatskanie, Ore.
1,085,466, Orthodontia appliance, C. F. Montag, Blue Island, Ill.
1,082,681, Tooth powder, W. E. Danner, Perth, Canada.
1,082,630, Dental forceps, L. S. Hall, Hattieville, Ark.
1,082,580, Dental broach blank making machine, J. F. Hardy, New York City.
1,082,776, Porcelain tooth and backing for dental bridgework, W. J. Stewart, New York City.
1,083,156, Manufacturing dental plates, E. Telle, New Orleans, La.
1,082,919, Tooth brush, L. Tubbs, Charleston, S. C.
1,083,039, Dental engine, W. D. Wagar, Michigan, N. D.
1,083,163, Dental flask, L. T. Weaver, Cincinnati, Ohio.
1,084,537, Tooth-paste container, W. J. Clark, Fort Scott, Kans.
1,080,017, Dental impression tray, J. Lautenburg, New York City.
1,080,878, Dental appliance, C. M. Ballenger, Lubbock, Texas.
1,080,809, Dental articulator, R. W. Burch, Ann Arbor, Mich.
1,080,633, Tooth brush, S. B. Husch, New York City.
1,080,634, Tooth brush, S. B. Husch, New York City.

DESIGN.

44,997, Tooth brush, C. E. Carroll, Newport, Ark.

Copies of above patents may be obtained for fifteen cents each by addressing John A. Saul, Solicitor of Patents, Fendall Building, Washington, D. C.

FUTURE EVENTS

August 3-8, 1914—Sixth International Dental Congress, London, England.

August 6-8, 1914—Minnesota State Dental Association, Duluth.—BENJAMIN SANDY, Syndicate Building, Minneapolis, *Secretary.*

August 12-14, 1914—West Virginia State Dental Society, Huntington, W. Va.—A. C. PLANT, 802 Schmulbach Building, Wheeling, W. Va., *Secretary.*

August 28-29, 1914—Northern Indiana Dental Society, Culver, Indiana.—O. A. VAN KIRK, Kendalville, *Secretary.*

September 24-28, 1914—International Oral and Dental Hygiene Congress, Lyons, France.—J. VICHOT, *Secretary.*

October 5, 1914—Arizona State Board of Dental Examiners, Phoenix, Ariz.—J. HARVEY BLAIN, *Secretary.*

October 22-24, 1914—Alumni Association of the College of Dentistry, Eleventh Annual Meeting—JOHN VOSS, Iowa City, *Secretary.*

December 1-3, 1914—Ohio State Dental Society, Columbus, Ohio.

January 28-30, 1915—American Institute Dental Teachers, Ann Arbor, Mich.—J. F. BIDDLE, Ann Arbor, Mich., *Secretary.*

May 19-22, 1915—Texas State Dental Association, Galveston, Texas.

August 30-Sept. 1-9, 1915—Panama-Pacific Dental Congress, San Francisco, Cal.—Arthur M. Flood, 240 Stockton St., San Francisco, Cal., *Secretary.*